

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1A-1. CoC Name and Number: MN-506 - Northwest Minnesota CoC

1A-2. Collaborative Applicant Name: Inter-County Community Council

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Wilder Research

1B. Continuum of Care (CoC) Engagement

Instructions:

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1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	No	No
Local Jail(s)	No	No	No
Hospital(s)	No	No	No
EMT/Crisis Response Team(s)	Yes	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	No
Affordable Housing Developer(s)	Yes	No	No
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Not Applicable	Not Applicable	Not Applicable
School Administrators/Homeless Liaisons	Yes	No	No
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes	No
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
MN Veterans Assistance Council & VA	Yes	Yes	No
MN Interagency Council on Homelessness	Yes	Yes	Yes

**1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.
(limit 1000 characters)**

The CoC strategically solicits input from stakeholders through: membership meetings (in-person and webinars), CoC website, attending partner meetings, online surveys, emails, presentations, and committees.

EXAMPLES:

1)The 3 Family Homeless Prevention & Assistance Programs (FHPAP) groups partnered with the CoC to host focus groups on ending homelessness for families AND the MN Office to Prevent & End Homelessness partnered on ending Veterans homelessness. Participation included: tribes (White Earth, Red Lake), ESG and CoC recipients (ES, TH, RRH and PSH providers), DV (Northwoods Coalition, VIP and Lakes Crisis), school liaisons, funders (NW MN Foundation, MN Housing, DHS), advocates, CAPS, outreach (VA, Evergreen YFS), counties (Red Lake), prevention agencies, state staff, 6 county and tribal VSO's, VA and MN Assistance Council for Veterans (MAC-V).

2) The CoC hosted a statewide meeting on integrating RHYA into HMIS after a local RHYA desire for increased planning.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Evergreen Youth & Family Services (EYFS) -HYA, RHYA and CoC funds	Yes	Yes	Yes
Inter-County Community Action Council (ICCC) - HYA Funds	No	Yes	Yes
Mahube-Otwa Community Action Council - HYA Funds	No	Yes	Yes

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Violence Intervention Project (VIP)	Yes	Yes
Village of Hope	Yes	Yes
Northwoods Coalition for Battered Women	Yes	No
Evergreen Youth and Family Services (EYFS)	Yes	Yes

1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?

Opening Doors Goal	CoC has established timeline?
End Veteran Homelessness by 2015	Yes
End Chronic Homelessness by 2017	Yes
End Family and Youth Homelessness by 2020	Yes
Set a Path to End All Homelessness by 2020	Yes

**1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors?
(limit 1000 characters)**

The CoC annual planning process includes reviewing, updating and aligning CoC goals with federal, state, VA and CoC plans to end homelessness. The annual plan is developed by the Executive Committee and presented to the Board for approval. The plan identifies stakeholder partnerships, CoC goals and committee or staff assignments. For 2015, the CoC planned sub-regional focus groups to update Opening Door, state and regional plans. Results were presented to the CoC for prioritization and will be integrated into FY16 planning. Education/Employment groups are planned for early FY16. All goals are also integrated in the CoC's Coordinated Entry System (CES), which includes quarterly monitoring of outcomes.

The CoC also partners with statewide planning and efforts by: utilizing the statewide Veterans registry, coordinating data, and providing input the State Office to Prevent and End Homelessness at state CoC meetings, through surveys and focus groups.

**1B-4. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for any new projects in 2015.
(limit 1000 characters)**

The CoC solicits and accepts proposals from both new and existing applicants. In June, the CoC began announcing that new applications would be accepted for reallocated and bonus funding in this year's competition. Four days after the NOFA was released, the CoC distributed a timeline and the Intent to Apply Application via the CoC website and email group. Members were asked to share broadly. Scoring criteria, ranking criteria, and the reallocation policy were approved on October 17th and published to the CoC website. Two agencies expressed interest in new CoC funding, one of which was a new applicant who later withdrew interest due to staffing changes. On October 29th, projects were notified of their score and the proposed Tier 1 or Tier 2 they ranked into. Feedback was invited. On November 3rd, the CoC membership approved ranking at a special membership meeting. On November 4th projects received email notice and ranking was published. All applicants were ranked.

1B-5. How often does the CoC invite new members to join the CoC through a publicly available invitation?

Annually

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1C-1. Does the CoC coordinate with other Federal, State, local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Not Applicable
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
HeadStart Program	Yes
Other housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, as amended, requires CoCs to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program interim rule at 24 CFR 578.7(c)(4) requires that the CoC provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110(b)(1) requires that the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	1	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	1	100.00 %
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	1	100.00 %
How many of the Con Plan jurisdictions are also ESG recipients?	1	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1	100.00 %

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1	100.00 %
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**1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s).
(limit 1000 characters)**

The State of MN Office of Economic Opportunity (OEO) administers CSBG funds for our region. OEO participates in statewide CoC monthly meetings (2-3 hours each) where planning and regional goals, data and needs are discussed. OEO staff are also part of the Minnesota Interagency Council on Homelessness (MICH), which holds a seat on our CoC Board and CES Committee. CoC meeting participation is about 2-4 hours a month. Additionally, OEO staff and the CoC Coordinator exchange emails when data or information is requested including: PIT, HMIS reports and HIC data.

**1C-2b. Based on the responses selected in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities.
(limit 1000 characters)**

ESG recipients actively participate in the CoC, serving on the CoC Board, membership and committees, including Performance Evaluation, Data and Coordinated Entry. ESG recipients also participated in developing the Administration of CoC and ESG assistance policy and system mapping.

Each year, the CoC is invited to score ESG applications and participate in the OEO meeting to integrate scores. Following this year's ESG competition, the review committee provided input on application quality and program performance, particularly the correlation between the applicants data and understanding of EBP and core principals and program outcomes (as evidenced in CoC review). The CoC decided to integrate Homelessness 101 courses as a result.

OEO also provides the CoC with grant monitoring and ESG reports and participates in statewide CoC Coordinators monthly meetings where performance standards, state targets, and outcomes are discussed.

**1C-3. Describe the how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld.
(limit 1000 characters)**

Victim services providers are an essential part of the CoC homeless response system, and serve on the CoC general membership, board and committees, specifically Coordinated Entry (CES) and Performance Evaluation. Special attention was given to ensure safety in integrating victim providers into CES. NW piloted a shared prioritization list with youth and DV providers prior to expanding CoC-wide to ensure no identifiable information would put victims at risk, while still assuring equal access to all housing programs and client choice. Households are entered with an agency code and referred outside of HMIS to ensure victim safety.

The CES diversion/triage tool screens for safety prior to asking additional questions, making referrals as necessary to designated victim providers. The CoC is integrating safety and sensitivity training into the overall CES training to assure all providers are equipped to respond to the immediate needs of victims in a safe, sensitive and respectful manner.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
Housing and Redevelopment Authority of Bemidji	61.95%	No
Crookston Housing and Economic Development Authority	22.31%	No
Red Lake HRA	100.00%	No
White Earth Housing Authority	79.80%	No
NW MN Mult-County HRA	3.69%	No

**1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness.
(limit 1000 characters)**

The Northwest region is fortunate to have a variety of non-federally funded permanent supportive units to support those who find themselves homeless in our region including:

- 1) NW MN CoC has 266 state funded Long-term Homeless Vouchers which target/require homeless status.
- 2) Center for Human Environment has 16 beds for chemically dependent persons, which give priority to homeless individuals. Four are targeted at Chronic Homeless.
- 3) Beltrami has a combined MN LTH and project based PH program serving 16 beds.
- 4) White Earth Tribe's Giwanikimin Project is a 20 unit 2-3 bedroom project funded with state and tribal resources.
- 5) \$1.14 million in Family Homeless Prevention and Assistance Program (FHPAP) funds are used to provide rent deposits, utilities and rent to market rate units.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply. For "Other," you must provide a description (2000 character limit)

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
Participated in local meetings with law enforcement on need for housing for chronic inebriate homeless. Goal is to shelter and house this population vs. put them in jail or detox. A new shelter was opened and new PSH is planned as a result of funding received through the MN Housing Super RFP in October.	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1D-1. Select the systems of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1D-2. Select the systems of care within the CoC's geographic area with which the CoC actively coordinates to ensure that institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

**1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness.
(limit 1000 characters)**

In the 12 county NW region there are numerous health care facilities operated by various providers. The coordination with each occurs at a local or sub-regional level vs. a CoC level due to the challenge with engagement in the geographically dispersed region. The CoC has provided support and guidance to local planning groups and/or providers, but does not have an effort to engage at a regional level. Representatives of these facilities sit on boards of directors of CoC member agencies.

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD’s primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

**1E-1. Explain how the CoC’s coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.
(limit 1000 characters)**

The NW CoC has a 4 stage Coordinated Entry (CES) process with multi-access and assessment sites. Sites are well advertised (website, emails, meetings) and were strategically identified to assure inclusion of all sub-populations.

Assessment stages include:

- 1) Triage: Assessment of immediate safety w/ diversion to community and mainstream resources;
- 2) Prevention: Eligibility assessment and targeting of FHPAP funding, with referrals to other support services, including public housing;
- 3) Housing: VI-SPDAT assessment with supplemental eligibility questions and referrals to other appropriate services; and
- 4) Prioritization: Referral to CoC-wide prioritization list which will be used to fill all CoC dedicated TH, RRH, and PH beds. Individuals are selected for open units based on highest score (within component type), eligibility and CoC prioritization policies. NW CoC policy requires all PH projects first serve those with the highest vulnerability and greatest service needs.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If the organization or person does not exist in the CoC's geographic area, select "Not Applicable." If there are other organizations or persons that participate not on this list, enter the information, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Not Applicable
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Street Outreach Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Veterans Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MN Family Homeless Prevention & Assistance Providers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1F. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2015 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	11
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	1
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	9
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	90.00%

1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	<input checked="" type="checkbox"/>
Performance outcomes from APR reports/HMIS	
Length of stay	<input checked="" type="checkbox"/>
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
% mainstream resources objective, earned income, data quality, budget expenditure, other goal achievement	<input type="checkbox"/>

Monitoring criteria	
Participant Eligibility	<input checked="checked" type="checkbox"/>
Utilization rates	<input checked="checked" type="checkbox"/>
Drawdown rates	<input checked="checked" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="checked" type="checkbox"/>
Adherence to HUD & CoC deadlines	<input checked="checked" type="checkbox"/>
Need for specialized population services	
Youth	<input checked="checked" type="checkbox"/>
Victims of Domestic Violence	<input checked="checked" type="checkbox"/>
Families with Children	<input checked="checked" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="checked" type="checkbox"/>
Veterans	<input checked="checked" type="checkbox"/>
	<input type="checkbox"/>
None	<input type="checkbox"/>

1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)

The CoC has established or adopted policies that assure prioritization of persons with severe services needs, long or repeat episodes of homelessness, and vulnerabilities including, but not limited to disability and victim status. The CoC applicant review process scored and ranked projects based on compliance with CoC policies (as identified through assertions, outcomes and written descriptions), HUD priority populations, as well as allowing for adjustments based on: need, gaps and population served (CH vs TH). Permanent supportive housing projects were also given additional points based on chronic homeless prioritized and dedicated units.

**1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. In addition, describe how the CoC made this information available to all stakeholders. (Evidence of the public posting must be attached)
(limit 750 characters)**

The CoC full membership reviewed and approved the ranking policies, tool, scores and tiers brought forth from committee. Edits were made based on membership discussion. The tools and policies were approved on October 17th and immediately posted to the CoC website and emailed to projects. Ranking was approved on November 3rd. They were posted to the CoC website on November 4th.

Following initial ranking, scores were provided to applicants with an invitation to respond to any criteria. The committee then reviewed feedback and made any adjustments they felt were appropriate either in the Adjustment category or the criteria line pertaining to the score they felt was in question.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.)

11/17/2015

1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)

Yes

1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)

11/04/2015

1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW? Yes

1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients. (limit 1000 characters)

- 1) The CoC Performance and evaluation committee conducts annual APR reviews prior to their submission to HUD.
- 2) The CoC receives reports from the local field office of monitoring findings and recaptured funds which it reviews.
- 3) The CoC receives quarterly data quality reports from our HMIS administrator.
- 4) The CoC responds to any issues or concerns raised by service partners, other funders, the local HUD field office or consumers.
- 5) Additional review may be required for under-performing projects including; regular financial reviews, quarter APR reviews, and site visits.
- 6) Application reviews include: administrative capacity, utilization, data quality, HMIS participation, HUD outcome measures, CoC performance measures (including eligibility documentation), other goals, budget, report compliance, adherence to HUD priorities and evidence based practices, CES participation, and compliance with CoC policies (education, family separation, and preference).

1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps? Yes

1G-3. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing? Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2A-1. Does the CoC have a governance charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the charter itself or by reference to a separate document like an MOU? In all cases, the CoC's governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, must also be attached to receive credit. Yes

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or the attached MOU. 1-3

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application. Yes

2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)? Yes

2A-4. What is the name of the HMIS software used by the CoC (e.g., ABC Software)? Service Point
Applicant will enter the HMIS software name (e.g., ABC Software).

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)? Bowman Systems
Applicant will enter the name of the vendor (e.g., ABC Systems).

2B. Homeless Management Information System (HMIS) Funding Sources

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2B-1. Select the HMIS implementation coverage area: Statewide

* 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$65,810
ESG	\$1,869
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$67,679

2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
Other Federal - Total Amount	\$0

2B-2.3 Funding Type: State and Local

Funding Source	Funding
City	\$0
County	\$0
State	\$8,496
State and Local - Total Amount	\$8,496

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$0
Private - Total Amount	\$0

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$5,609
Other - Total Amount	\$5,609

2B-2.6 Total Budget for Operating Year	\$81,784
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy): 05/15/2015

2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	110	23	87	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	113	8	102	97.14%
Rapid Re-Housing (RRH) beds	9	0	9	100.00%
Permanent Supportive Housing (PSH) beds	406	0	390	96.06%
Other Permanent Housing (OPH) beds	0	0	0	

**2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months.
(limit 1000 characters)**

N/A

**2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below.
(limit 1000 characters)**

VA Domiciliary (VA DOM):	<input type="checkbox"/>
VA Grant per diem (VA GPD):	<input type="checkbox"/>
Faith-Based projects/Rescue mission:	<input type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input checked="" type="checkbox"/>

2C-4. How often does the CoC review or assess its HMIS bed coverage? Quarterly

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" during the time period of October 1, 2013 through September 30, 2014.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	5%	1%
3.2 Social Security Number	11%	12%
3.3 Date of birth	1%	0%
3.4 Race	1%	0%
3.5 Ethnicity	1%	1%
3.6 Gender	1%	0%
3.7 Veteran status	1%	0%
3.8 Disabling condition	0%	0%
3.9 Residence prior to project entry	1%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	4%	1%
3.15 Relationship to Head of Household	7%	0%
3.16 Client Location	3%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	12%	0%

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>

	<input type="checkbox"/>
None	<input type="checkbox"/>

2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 6

2D-4. How frequently does the CoC review data quality in the HMIS? Quarterly

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both? Project

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.

VA Supportive Services for Veteran Families (SSVF):	<input checked="" type="checkbox"/>
VA Grant and Per Diem (GPD):	<input checked="" type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input checked="" type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2D-6a. If any of the federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the federal partner program and the anticipated start date. (limit 750 characters)

N/A

2E. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count? Yes

2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy): 01/22/2015

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy): 05/15/2015

2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 PIT count:

Complete Census Count:	<input checked="" type="checkbox"/>
Random sample and extrapolation:	<input type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Interview of sheltered persons:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
HMIS plus agency survey for NON-HMIS programs	<input checked="" type="checkbox"/>

**2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology.
(limit 1000 characters)**

The CoC participated in a statewide complete census count, coordinated through the Office to Prevent and End Homelessness, with partnership from OEO, HMIS Administrator and CoCs. Planning included integrating standards from the PIT Count Methodology Guide. HMIS was used as the primary data source, but agency interviews were also utilized for non-HMIS programs.

The comprehensive list of sheltered sites and contacts was reviewed and updated.

Sites were provided written instructions, training and reminders. Uniform data was collected from both HMIS and non-HMIS users during a 24 hour period. Data was reviewed for completeness, duplication, and variations from 2014 count. Follow-up to correct or confirm data was done at both the regional and state level. A draft report was sent to providers for review and presented at the regional CoC meeting for approval.

2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the PIT count). (limit 1000 characters)

The 2015 count administration moved up one level to the Office To Prevent and End Homelessness to increase organization, analysis and consistency across the state.

2F-5. Did your CoC change its provider coverage in the 2015 sheltered count? No

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count. (limit 750 characters)

N/A

2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

Training:	<input checked="" type="checkbox"/>
Provider follow-up:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

An added level of planning support, training and review was integrated at the top level with MN Inter-agency Task Force coordinating the count.

2H. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was in January 2015.

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count? Yes

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 01/22/2015

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 05/15/2015

2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:

Night of the count - complete census:	<input type="checkbox"/>
Night of the count - known locations:	<input checked="" type="checkbox"/>
Night of the count - random sample:	<input type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
	<input type="checkbox"/>

2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected its unsheltered PIT count methodology. (limit 1000 characters)

A statewide count was coordinated by the Office to Prevent and End Homelessness, in partnership with other state agencies and CoCs. Survey questions and methodology were collectively developed and approved. A uniform statewide survey (both paper and online) with identifying questions was utilized for the 1 day count. Local, regional and state partners worked to identify a comprehensive list of known locations. A statewide Veterans Registry was utilized in conjunction with the count to assure identification of un-sheltered Veterans. Sites were provided written instructions, training and reminders. Data was reviewed at a local, regional and statewide level for completeness, duplication, and variations from 2014 count. The CoC followed up with providers/sites if data was incomplete or significantly varied from past counts or CoC knowledge. The CoC reviewed draft report at CoC meeting and approved prior to publication.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the count). (limit 1000 characters)

The statewide Veterans Registry and overall administration by the State Office to Prevent and End Homelessness were added to this year's process making it stronger.

2I-4. Does your CoC plan on conducting an unsheltered PIT count in 2016? Yes

(If "Yes" is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)

2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input checked="" type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

The CoC added the Veterans Registry and the administrative level from the Office to Prevent and End Homelessness.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	299	254	-45
Emergency Shelter Total	159	112	-47
Safe Haven Total	0	0	0
Transitional Housing Total	121	127	6
Total Sheltered Count	280	239	-41
Total Unsheltered Count	19	15	-4

3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons	979
Emergency Shelter Total	765
Safe Haven Total	0
Transitional Housing Total	291

3A-2. Performance Measure: First Time Homeless.

**Describe the CoC's efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors for becoming homeless for the first time.
(limit 1000 characters)**

CES Triage and Prevention helps divert persons from unnecessarily entering homeless programs and prioritizes those who need a light touch to re-stabilize. Diversion includes referrals to mainstream and community services. About \$1.13 million in Family Homeless Prevention and Assistance Program (FHPAP) provides one time or short term assistance including: case management, rental assistance, advocacy, deposits, and energy assistance. State and local FHPAP outcome data is used to target assistance. Target data was used to develop the CES prevention tool. Similarly, CES data can help identify risk factors by tracking outcomes of triage and prevention referrals (i.e. comparing characteristics and circumstances of unsuccessful versus successful outcomes).

In both CES and individual programs, referrals are used to link to stabilization services or other financial supports including: social services, employment training, veterans, SOAR, mental health, and disability.

3A-3. Performance Measure: Length of Time Homeless.

**Describe the CoC's efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.
(limit 1000 characters)**

Coordinated Entry helps reduce the length of time persons remain homeless through: 1) progressive assessments and dual access/assessment sites, allowing for rapid movement from one stage of CES to the next; 2) uniform tools; 3) shared prioritization lists; 4) phone access (essential in rural areas - especially during the winter); and 5) CoC policies supporting screening persons in and transparency.

The CoC did not have a system wide baseline for measuring length of time homeless in the past beyond shelter stays recorded in HMIS by individual programs. CES prioritization list now tracks data of VI-SPDAT and date of housing entry. In 2016, the CoC plans to create a CES provider with Diversion and Prevention assessments attached to better measure length of time homeless.

*** 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.**

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

3A-4a. Exits to Permanent Housing Destinations:

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited		43
Of the persons in the Universe above, how many of those exited to permanent destinations?		31
% Successful Exits		72.09%

3A-4b. Exit To or Retention Of Permanent Housing:

In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2013 and September 31, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH		95
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?		86
% Successful Retentions/Exits		90.53%

3A-5. Performance Measure: Returns to Homelessness:

Describe the CoC's efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe at least three strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness.
 (limit 1000 characters)

The State HMIS Administrator is working w/ Bowman to calculate system-wide returns to homelessness reports for the CoC. FHPAP runs annual statewide return to shelter report using HMIS shelter and FHPAP data to measure the effectiveness of prevention assistance.

At the CoC level:

- 1) CES utilizes evidence based assessments (VI-SPDAT) and prioritization to link households to the best intervention and tailor services to the unique needs of families to increase stabilization. Collective data recorded in HMIS will also help better identify effective service strategies and needs for specific populations;
- 2) The CoC Performance Evaluation Committee evaluates programs on housing stability goals and provides education on using EBP/Core principles to improve outcomes; and
- 3) The CoC conducted system mapping to improve transparency and identify barriers. This process allowed the CoC to eliminate screening people out of housing and improve linkages to housing and services.

3A-6. Performance Measure: Job and Income Growth.

**Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy).
(limit 1000 characters)**

- 1) The CoC provided a SOAR training at the April meeting and supports collaboration with regional SOAR advocates. Contact information is available on the CoC website.
- 2) The CoC Performance Evaluation committee encourages projects to link all participants with mainstream cash benefits. The committee annually reviews linkages and reports quarterly to the CoC.
- 3) The CoC encourages all projects to collaborate with regional workforce centers and employers to help increase participants earned income. The committee provides recommendations to under-performing projects on how to increase outcomes.
- 4) Two member agencies participated in the MN Housing Institute, which included education on developing workforce housing. A great need in the NW region where affordable housing and jobs are often located many miles apart and public transportation is scarce. Their agencies are working with local committees to plan new workforce housing (ICCC, Mahube-otwa).

3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income.

(limit 1000 characters)

All CoC providers are encouraged and collaborate with local Work Force Centers, with average engagement ranging between 20% (CH/PH) to 60% (TH/RRH).

- 1) In Bemidji, the Work Force Center provides youth independent living skills training.
- 2) EYFS partners with Rural MN CEP for monthly outreach to their youth outreach center.
- 3) ICCC has partnered with Thief River Custom Products and the Occupational Development Center for job skills training. Income performance measures are reviewed annually during APR pre-reviews.
- 4) VIP links women with the Thief River Falls MN Workforce Center while in shelter.

The CoC has also identified a need to improve collaborating with Work Force Centers to offer specialized services, outreach and on job support for chronic homeless persons. This goal will be addressed in FY16. The CoC has education and employment focus groups planned in the first quarter of 2016.

3A-7. Performance Measure: Thoroughness of Outreach.

How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?

(limit 1000 characters)

PATH outreach workers outreach to homeless persons who have a mental illness.

Projects distribute flyers to campuses, churches, downtown, jails and food shelves. For Veterans, the CoC utilizes the MN Veterans Registry and VA outreach teams.

In addition to multi-door access, CES provides non-traditional access by offering:

- referrals from emergency service providers (food shelves, detox, jails, ER's, ACT teams, law enforcement, etc.), and
- phone screens, which are vital in rural areas due to the remote nature and stigma associated with seeking help in small communities.

Housing status, including unsheltered locations and access sites are tracked in CES on paper forms, but is targeted to move to HMIS in March 2016.

Finally, Housing Navigation services are being requested in this competition to outreach to unsheltered individuals who do not have another designated housing case manager. This will ensure persons do not fall through the cracks.

3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)? No

**3A-7b. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?
(limit 1000 characters)**

N/A

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	24	19	-5
Sheltered Count of chronically homeless persons	24	15	-9
Unsheltered Count of chronically homeless persons	0	4	4

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed. (limit 1000 characters)

The CoC saw a decrease of 9 sheltered CH and increase of 4 unsheltered CH.

In October 2013, the CoC approved a policy requiring Permanent Supportive Projects to prioritize chronic homeless persons when filling open units. This has helped moved CH out of shelter more rapidly, when previously a project may have selected a lower barrier applicant. The region also received funding to add 45 new state Long-Term homeless beds to the region in FY14 fiscal year (July 1-June 30).

The unsheltered numbers were for the Bemidji area where city policies were changed to close substandard buildings and limit detox and jail stays, resulting in more CH sleeping outside, as no shelter beds served chronic inebriates. In response, the community formed a No Name Coalition. The primary goal was creating PSH, but after two homeless deaths, the plan expanded to wet emergency shelter. The wet shelter opened in September and the PSH project received state funding in October 2015.

3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (read only)

The CoC will add up to 20 additional dedicated chronic homeless Beds. The CoC will achieve this in the following manner:

- 1). Reallocate existing SSO grant funds to support a NEW Permanent Housing Project for Chronic Homeless Singles. The project will add 2 CH beds. (pending award)
- 2). White Earth broke ground in October 2013 to develop 4 new units/14 beds of PH for CH serving families. Residency is anticipated in September of 2014. (Units will only be designated as CH if the 2012 funding appeal to HUD goes through. If not, they will be designated as Long-Term Homeless due to funding guidelines).
- 3). The CoC adopted a system-wide Chronic Homeless Prioritization Policy in September 2013 requiring ALL CoC funded Permanent Housing Projects to prioritize CH in 2014. This allows for preference to CH, without limiting projects who find it difficult to document CH status. Performance Evaluation Committee will review bed utilization and dedication and monitor adherence to the CH Policy.
- 4). The CoC will evaluate the number of non-dedicated PH beds being utilized by CH and ask projects to consider rededicating beds as needed. Five existing PH beds will be dedicated as CH in 2014.

3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished? (limit 1000 characters)

The CoC achieved all CH goals listed in the FY 13/14 Application:
1) The CoC reallocated an SSO grant to fund a new Home to Stay PSH project serving 2 CH beds.
2) White Earth opened Giwinkimin in June 2015. The project has 20 PSH beds.
3) The CoC has provided education on the priority policy and regularly interviews projects on following the CH preference.
4) The CoC reviewed but did not reassign beds due to the prioritization policy.

3B-1.3. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	28	29	1

**3B-1.3a. Explain the reason(s) for any increase, decrease or no change in the total number of PSH beds (CoC Program and non CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count.
(limit 1000 characters)**

Inter-County Community Council dedicated 1 bed to Chronic Homelessness, when previously none were dedicated.

3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ?

Yes

3B-1.4a. If “Yes”, attach the CoC’s written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC’s update.

Pages 2-4

3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness	FY2015 Project Application
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.	35
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.	11
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	11
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	100.00%

3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? Yes

This question will not be scored.

3B-1.6a. If "Yes," what are the strategies implemented by the CoC to maximize current resources to meet this goal? If "No," what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017? (limit 1000 characters)

The CoC will use Coordinated Entry (CES) to identify and prioritize persons with the greatest vulnerability and need, including chronically homeless. Targeting housing and services appropriately will also ensure wise use of limited funds. The CoC will also provide continued education on Housing First, harm reduction and adapting services to meet the individual needs of clients, helping to ensure CH are housed as rapidly as possible and supported in maintaining housing without unnecessary barriers or threats of non-compliance. CoC providers are requesting additional state funds for MN Dept. of Human Services Supportive Services Fund to increase supports available to long-term homeless. Data committee will be responsible for reporting data.

In June, the White Earth Tribe opened the Giwinikin Permanent Supportive Housing Project with 20 new beds. TPark Place in Bemidji will have 20 new PSH beds targeted to open in FY2017.

3B. Continuum of Care (CoC) Strategic Planning Objectives

Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Number of previous homeless episodes:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Criminal History:	<input type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input type="checkbox"/>
Head of household has mental/physical disabilities:	<input checked="" type="checkbox"/>
Length of Time Homeless	<input checked="" type="checkbox"/>
Domestic Violence Status	<input checked="" type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter.
 (limit 1000 characters)**

CES supports the CoC goal of rehousing families within 30 days. Triage and prevention screens link families needing a light touch to mainstream or prevention services to re-house. Assessors conduct a VI-SPDAT assessment and supplemental eligibility questions within 14 days and place family on prioritization list. Open units are filled by highest score based in project component type and CoC prioritization. Providers then work with clients to search for housing, engaging and recruiting landlords as necessary, to assure rapid and successful housing searches. At each stage, referrals to public housing and other appropriate services are expected.

Funding for housing navigators is being sought to assist households without case management to seek housing and link to services, while waiting for supportive housing openings or enrollment.

The CoC requires implementing housing first, barrier free, and harm reduction to assure individuals are screened into housing versus out.

3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve families in the HIC:	9	9	0

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, or gender when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	<input checked="" type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input checked="" type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

PIT Count of Homelessness Among Households With Children

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	69	46	-23
Sheltered Count of homeless households with children:	66	45	-21
Unsheltered Count of homeless households with children:	3	1	-2

3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

The CoC received significant increases in state funded supportive housing in our region in FY15: \$80,173 in additional FHPAP funds, 45 new Long-Term Homeless Supportive Services vouchers, and \$15,000 in Youth Transitional Housing funds.

3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	Yes

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input checked="" type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input checked="" type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input type="checkbox"/>
Community awareness training concerning youth trafficking:	<input type="checkbox"/>
MN Human Trafficking Task Force - education, advocacy, policy, and research	<input checked="" type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Length of time homeless:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2014)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	8	8	0

**3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 is lower than FY 2013, explain why.
 (limit 1000 characters)**

N/A The number is the same.

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$1,390,151.00	\$1,631,734.00	\$241,583.00
CoC Program funding for youth homelessness dedicated projects:	\$161,151.00	\$261,734.00	\$100,583.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$1,229,000.00	\$1,370,000.00	\$141,000.00

3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	2
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	12
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	14

**3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local education liaisons and State educational coordinators.
 (limit 1000 characters)**

Minnesota Department of Education (MDE) is working collaboratively with the Local Education Agencies (LEA's) and local school district homeless liaisons to provide training on engaging with CoC and ESG providers and fulfilling McKinney Vento and HUD CoC policies in their own communities. The MDE Homeless liaison contact list is shared with CoC's annually. The CoC Coordinator participated in one of the state trainings.

Liaisons participate in the 3 regional Family Homeless Prevention and Assistance (FHPAP) monthly meetings where the CoC is a topic. Additionally, individual providers collaborate directly with school social workers and liaisons to assure enrollment in school, transportation to school, family case management and securing of basic needs including school supplies.

3B-2.11. How does the CoC make sure that homeless participants are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenile justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (limit 2000 characters)

The CoC has a policy requiring school enrollment and connection to appropriate services for all children. Educational and supportive service needs of families with minor children will be fully assessed with expediency upon entry to the program. School-aged youth will be enrolled in school immediately, working collaboratively with the designated school homeless liaison in the Local Educational Agency (LEA) to ensure that all educational assessments are completed. To the extent feasible, students in homeless situations should be kept in their school of origin (defined as the school the student attended when permanently housed or the school in which the student was last enrolled), unless it is against the parent's or guardian's wishes. Students in homeless situations must have access to the educational and other services they need to ensure that they have an opportunity to meet the same challenging state student academic achievement standards to which all students are held. Appropriate referrals will be made in the community to address supportive service needs of all family members.

Coordinated Entry is used to help identify households with children who are literally homeless or at high risk of homelessness. RHY providers conduct CES assessments and all assessment sites can make referrals to mainstream educational and social service programs households may be eligible for, as well as accept referrals for assessments from partners.

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	4	10	6
Sheltered count of homeless veterans:	1	7	6
Unsheltered count of homeless veterans:	3	3	0

**3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count.
(limit 1000 characters)**

The increase of 6 sheltered vets is partially attributed to persons with higher barriers requiring longer shelter stays because of the tight housing market. Affordable units are extremely limited and screening criteria is strict, screening out many with a criminal background, poor rental history or poor credit. While individual providers work to educate and advocate, there still remain limited units to choose from.

Additionally, the significant outreach, PR and added veteran questions, may have better identified veterans. Care and Share reports they regularly shelter men who initially do not share that they are a veterans.

Unsheltered numbers remained the same. VA outreach continues to identify and shelter persons as soon as they are identified.

3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF? (limit 1000 characters)

With the 2015 PIT, the MN Dept. of Veterans Affairs launched a statewide Homeless Veteran Registry to identify veterans experiencing homelessness and create a stable housing plan. Providers identify resources to best help the Veteran household obtain stable housing including: VA services (including HUD-VASH), MDVA (including State Soldiers Assistance Program), and other (including SSVF).

MAC-V conducted 4 regional Stand Downs engaging homeless or at-risk veterans.

The CoC hosted a regional focus group to identify how to use Coordinated Entry and the Registry to end veterans homelessness. Participants included: service providers, VA, MAC-V, County and Tribal Veterans Services Officers, and state staff.

The CoC developed a Veterans preference for all CoC programs, prioritizing veterans who do not qualify or will not accept other county, state or federal veterans benefits. When all other eligibility and preference criteria are equal the Veteran shall be prioritized first.

3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population? (limit 1000 characters)

As stated in the previous question, the CoC established a Veterans preference for all CoC programs (TH, RRH and PSH), with special priority on veterans who are either ineligible or unwilling to accept VA and MN Veterans program services and benefits.

3B-3.4. Compare the total number of homeless Veterans in the CoC AND the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2015 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	20	10	-50.00%
Unsheltered count of homeless veterans:	7	3	-57.14%

3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015. Yes

This question will not be scored.

3B-3.5a. If “Yes,” what are the strategies being used to maximize your current resources to meet this goal? If “No,” what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2015? (limit 1000 characters)

VA and MAC-V resources (including SSFV, outreach, prevention, Per Diem, and VASH) will continue to be primary referrals for Veterans identified as homeless or at-risk in the CoC's Coordinated Entry assessments. The VA and MAC-V will pair their resources with other county veterans services funding and resources. The VA has applied for additional VASH vouchers.

The state Veterans Registry will also be used to track and support a stable housing plan. Coordinated Entry prioritization will also be used to assure priority is given to homeless Veterans, particularly those who do not qualify or want to accept VA services or benefits.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and mainstream program changes that can affect homeless clients? Yes

4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	11
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	11
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants. (limit 1000 characters)

Minnesota is operating a State-based Marketplace, known as MNSure. The state has expanded Medicaid coverage to low-income adults. Three of the four regional Community Action Agencies (Tri-Valley, Mahube-otwa, and Northwest) have designated Health Care Navigators to outreach and assist in enrollment to State and Federal health care programs. Assistance is both 1:1 and at enrollment events. Collectively, during the FY14-15 MN fiscal year they collectively enrolled 241 households.

Community Connections is contracted to serve the 4th CAP service area. They enrolled 887 in Medical Assistance, 239 people in MNcare, and 74 people in Qualified Health plans. They also responded to 179 households asking questions about MNSure.

4A-4. What are the primary ways that the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available?

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input checked="" type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
Enrollment events	<input checked="" type="checkbox"/>
1:1 counseling	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

4B-1. Based on the CoC's FY 2015 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH) and SSO (non-Coordinated Entry) projects in the CoC are low barrier? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.

FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	11
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	11
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	100%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	11
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	11
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	100%

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing:	<input checked="" type="checkbox"/>
Use of phone or internet-based services like 211:	<input type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="" type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
Outreach to food shelves	<input checked="" type="checkbox"/>
Collaboration with law enforcement	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve any population in the HIC:	9	9	0

4B-5. Are any new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

**4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?
 (limit 1000 characters)**

N/A

4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes?

No

4B-7a. If "Yes" in Question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

N/A

4B-8. Has the project been affected by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2015 CoC Program Competition?

No

4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

N/A

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application.

No

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

CoC Governance:	<input type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input checked="" type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
Evaluation of Transitional Housing	<input checked="" type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
HMIS	08/06/2013	4
CES	01/06/2015	5
Transitional	11/14/2014	4

4C. Attachments

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

For required attachments related to rejected projects, if the CoC did not reject any projects then attach a document that says "Does Not Apply".

Document Type	Required?	Document Description	Date Attached
01. 2015 CoC Consolidated Application: Evidence of the CoC's Communication to Rejected Projects	Yes	Evidence of Commu...	11/13/2015
02. 2015 CoC Consolidated Application: Public Posting Evidence	Yes	Consolidated Appl...	11/17/2015
03. CoC Rating and Review Procedure	Yes	MN-506 Score and ...	11/02/2015
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	NW Notice of Publ...	11/13/2015
05. CoCs Process for Reallocating	Yes	MN-506 Reallocati...	11/02/2015
06. CoC's Governance Charter	Yes	NW MN 506 Govern...	11/17/2015
07. HMIS Policy and Procedures Manual	Yes	MN HMIS Policy & ...	11/13/2015
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	PHA Administratio...	11/17/2015
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No	NW HMIS MOU	11/13/2015
11. CoC Written Standards for Order of Priority	No	NW Written Standa...	11/17/2015
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes	No		
13. Other	No		
14. Other	No		
15. Other	No		

Attachment Details

Document Description: Evidence of Communication to Rejected Projects

Attachment Details

Document Description: Consolidated Application: Pubic Posting MN 506

Attachment Details

Document Description: MN-506 Score and Ranking Procedure

Attachment Details

Document Description: NW Notice of Public Postings

Attachment Details

Document Description: MN-506 Reallocation Process

Attachment Details

Document Description: NW MN 506 Governance Charter

Attachment Details

Document Description: MN HMIS Policy & Procedure Manual

Attachment Details

Document Description:

Attachment Details

Document Description: PHA Administration Plan

Attachment Details

Document Description: NW HMIS MOU

Attachment Details

Document Description: NW Written Standards

Attachment Details

Document Description:

Attachment Details

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Attachment Details

Document Description:

Submission Summary

Page	Last Updated
1A. Identification	11/13/2015
1B. CoC Engagement	11/17/2015
1C. Coordination	11/18/2015
1D. CoC Discharge Planning	11/13/2015
1E. Coordinated Assessment	11/18/2015
1F. Project Review	11/18/2015
1G. Addressing Project Capacity	11/18/2015
2A. HMIS Implementation	11/13/2015
2B. HMIS Funding Sources	11/13/2015
2C. HMIS Beds	11/17/2015
2D. HMIS Data Quality	11/13/2015
2E. Sheltered PIT	11/17/2015
2F. Sheltered Data - Methods	11/18/2015
2G. Sheltered Data - Quality	11/18/2015
2H. Unsheltered PIT	11/18/2015
2I. Unsheltered Data - Methods	11/18/2015
2J. Unsheltered Data - Quality	11/13/2015
3A. System Performance	11/18/2015
3B. Objective 1	11/18/2015
3B. Objective 2	11/18/2015
3B. Objective 3	11/18/2015
4A. Benefits	11/18/2015
4B. Additional Policies	11/13/2015
4C. Attachments	11/17/2015
Submission Summary	No Input Required

CoC Evidence of Communication to Rejected Projects

Projects were notified of their ranking on November 4, 2015. The CoC was notified on November 5th. The Northwest CoC had no rejected projects in the FY2015 competition.

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Current Folder

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all Outlook Items

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To Subject

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Wed 11/4/2015 3:41 PM

Carla Solem <carlas@cableone.net>

Ranking Approved

To: Nikki Clancy; Rebecca Schueller; Sandi Bentley; Hyacinth Stiffer; Teresa M. Howard; Dana Johnson; Bonnie Paquin

This message was sent with High importance.

Message 2015 Ranking Northwest - Approved.pdf (323 KB)

Attached is the final 2015 Northwest Continuum of Care Ranking as approved by the Continuum of Care on Tuesday, November 4th 2015. All requested projects were funded.

Please let me know if you have any questions or comments.

Carla Solem, Coordinator
Northwest & West Central Minnesota Continuum of Care
Email: hlhcoordinator@cableone.net
Phone: 701-306-1944
Website: <http://www.homelesstohoused.com/>

SEND / RECEIVE FOLDER VIEW ADD-INS SEARCH

2015 NOFA - ca...

To Manager

Team Email

Create New

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Thu 11/5/2015 8:50 AM

Carla Solem <carlas@cableone.net>

FY Final Ranking

To: Amanda LeBlanc; Andrea Kingbird; Anne Meredith-Will; Ben Bement; Bonnie Paquin; Brittni Hogenson; Catherine; Chris Janama (cjansma@mac-v.org); Christine M Delarbre; Cindy Pic; Connie Baumann; cwick@svdel.com; Dana Johnson; Darby Miller; David May; Denise Gudvangen; Diane M. Hayes; Elizabeth - VIP; Gayle Peterson (gjpeter@nwccas.org); Hall, Diane; HTH Administrator - Hubbard Co HRA; Hyacinth Stiffer; Jeffrey Lind; Jolynn Langstaff; Jordan May (jordanmay@redalaberation.org); Julia Plamondon; Julie Kunschner-Pineda; Kari Bloomquist; Kate Erickson; Katy Feist; Kristen Rokke; Kristi Dawes; Laura Straw; Leary, Pat; Liz Kuoppala (lizkuoppala@gmail.com); Lori Anderson-Tri Valley; Marcia Otte; Mary Riegert; Maureen Hams; McLain, Laura; Michele Crowson; Nikki Clancy; Paul Pedersen; Penny Grove; Phil Wold; Rebecca Schueller;

Message 2015 Ranking Northwest - Approved.pdf (323 KB)

The Northwest Continuum of Care Special Meeting was held Tuesday to review the committees proposed **Ranking** and provide input on the 2015 Collaborative NOFA. The attached **Ranking** was approved by the membership. All Applications were approved for inclusion in this years Consolidated Application.

Thanks to all who attended for helping to make this difficult, but required decision. The members present did their best to maximize funds to our region, be consistent with HUD priorities, consider program performance, and assure that no one would become homeless if Tier 2 funds are not awarded. This process was a good reminder of how important your ongoing dedication to program and system success is to both retaining and gaining vital funds in our region.

Carla Solem, Coordinator
Northwest & West Central Minnesota Continuum of Care
Email: hlhcoordinator@cableone.net
Phone: 701-306-1944
Website: <http://www.homelesstohoused.com/>

The Collaborative Application was posted on the CoC website on November 17, 2015

The screenshot shows a web browser window with the address bar displaying "homelesstohoused.com". The browser's address bar and tabs show various open pages, including "West Central-Northwest", "Facebook", "Sprint", "Discover", "Freedom CCU", "HUD Exchange", "eSnaps", "INFORUM", "Pinterest", "shelteringchurc...", "HUD-HDX", "Davies High", "Gate City Bank", "HMIS - Expand...", "Webs - SiteBuil...", and "CoC Website".

The website header features the title "West Central and Northwest Minnesota Continuum of Care" in a serif font, with the email "hthcoordinator@cableone.net" and phone number "(701) 306-1944" below it. A dark navigation bar contains links: "Home", "Continuum of Cares", "Coordinated Assessment", "Heading Home", "Calendar", and "Information & Data".

The main content area has a "Home" heading. Below it is a prominent orange banner that reads "2015 HUD Continuum of Care Notice Of Funds Available!". The text below the banner states: "The 2015 competition is now open. The CoC is accepting both new and renewal applications for designated homeless supportive housing projects. If you are interested in applying for HUD CoC funds in the Northwest or West Central region, please contact Carla Solem at: hthcoordinator@cableone.net or visit the [Information and Data](#) page for more information and links. Please review the [FY 15 NOFA Timeline](#) for key dates and information on this years competition. Projects interested in applying must completed the [Intent to Apply and Threshold Assessment](#)."

Below this text are two columns of links. The left column, titled "Northwest CoC", includes: "FY15 Scoring Tool-NW", "FY 15 Ranking Policy-NW", "FY15 Ranking Approved", and "2015 CoC Consolidated Application". The right column, titled "West Central CoC", includes: "FY15 Scoring Tool-WC", "FY15 Ranking Policy-WC", "FY15 Ranking Approved", and "2015 CoC Consolidated Application".

Further down, the section "LETS NOT CRIMINALIZE HOMELESSNESS" is displayed. It contains a paragraph: "The criminalization of homelessness refers to measures that prohibit life-sustaining activities such as sleeping/camping, eating, sitting, and/or asking for money/resources in public spaces. These ordinances include criminal penalties for violations of these acts. There are multiple types of criminalization measures which include:" followed by a bulleted list: "Carrying out sweeps (confiscating personal property including tents, bedding, papers, clothing, medications, etc.) in city areas where homeless people live." and "Making panhandling illegal."

The bottom of the image shows a Windows taskbar with various application icons, a "Show all downloads..." button, and a system clock indicating "10:08 PM 11/17/2015".

2015 HUD Continuum of Care Ranking Policies

Northwest MN Continuum of Care

Eligibility

To be eligible for ranking, all projects (new and renewal) must pass all facets of the CoC Application process including:

- Projects must meet all HUD eligibility criteria, as outlined in the Notice of Funding Availability (NOFA) for the Fiscal Year 2015 Continuum of Care Competition;
- Projects must submit the Intent to Apply and Threshold Assessment;
- Projects must submit a complete Project Application in esnaps by October 16, 2015. Note there will be an opportunity for edits following review and ranking;
- Project must complete the HUD threshold requirements. Projects with outstanding HUD audit findings, history of ineligible participants, evidence of untimely expenditures, or financial management concerns, may be eliminated from competition; and
- Project Applicants must have a DUNS # and complete or renew registration in SAM to compete.

Projects that do not meet all the criteria outlined above will be defunded via reallocation in the 2015 competition.

GUIDEANCE ON REQUIRED TIERS

HUD has made \$1.89 billion available in FY15 CoC Competition and expects to have sufficient funding for all renewal projects. However, Continuums are still required to review and rank all projects, except Planning, into two tiers (Tier 1 and Tier 2). Tier 1 will equal 85% of the Continuum's Final Pro Rata Need Amount (FPRN). Tier 2 will equal 15% of the Continuum's FPRN plus eligible Bonus Project(s) and Planning Grant.

- Tier 1 = \$569,972
- Tier 2 = 15% difference + Planning Grant (\$20,117) + Available Bonus (\$100,583)
- Total Available request amount = \$791,255

Projects will be able to straddle Tier 1 and Tier 2 in this year's competition. CoC score and project score will determine which projects from Tier 2 will be conditionally selected. HUD will award a point value to projects in Tier 2 using a 100 point scale as outlined below:

- CoC Score 60 points;
- Ranking 20 points based on HUD formula;
 - Project type 10 points for PH (PSH & RRH) renewals, HMIS, CES and TH Youth, 3 pts for TH (non-youth), and 1 pt for SSO; and
 - Commitment to HUD Policies 10 points (low barrier, rapid placement, Housing First, CES – HMIS and CES projects automatically receive pts.)

RANKING PROCESS

The CoC Ranking Committee will thoroughly review each project during the ranking process utilizing the approved FY15 CoC Ranking Tool. Projects will be assigned a score based on the following categories:

1. Leverage
2. Project Quality Threshold
3. HUD Priorities
4. CoC Participation
5. Service Plan
6. Performance
7. HMIS

The CoC will then publish the scores and invite feedback from projects, community members and CoC members. Based on feedback (verified information either negative or positive affecting score), the CoC Ranking Committee may choose to add or removing points. The Ranking Committees recommendation will go to the full CoC for vote.

Based on final score, projects will be ranked in order of priority. The CoC may reject projects due to limited funding, project eligibility, project score or significant concern for the projects inability to meet HUD thresholds.

Any project applicant being rejected by the CoC for inclusion will be notified in writing outside of esnaps 15 days prior to the application deadline and may submit a solo application to HUD by the November 20th deadline. Rejected Applicants may submit a letter of appeals to the CoC within 2 business days of notification of rejection. The CoC anticipates notifying all projects of inclusion or rejection by 5PM on November 4th.

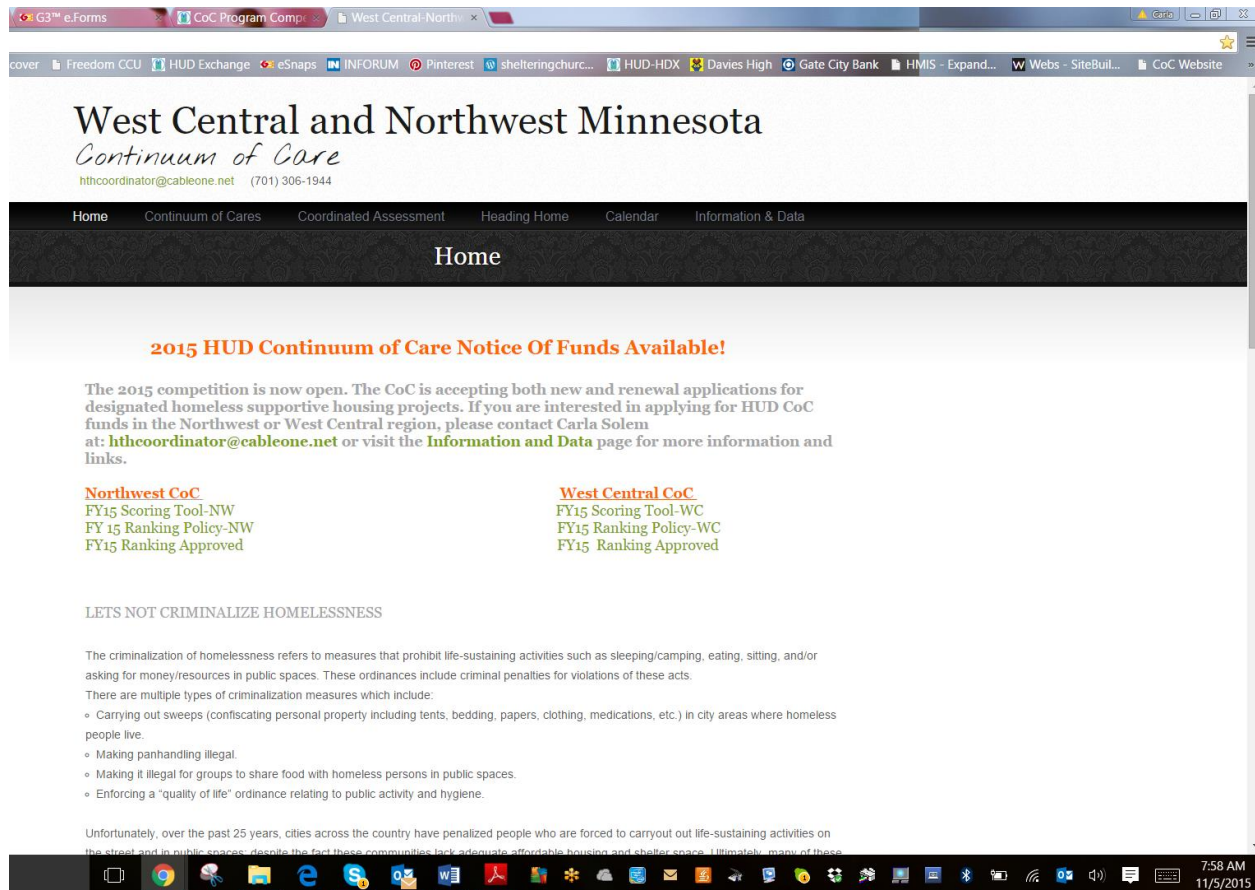
PROJECTS TYPES ELIGIBLE FOR RANKING

The CoC is accepting the following project types for ranking based on the FY15 NOFA:

1. Renewal projects listed in the FY15 GIW for the approved amounts and funding categories;
2. New Permanent Housing (PH) Bonus projects for up to 15% of CoC FPRN for the following:
 - a. New PH serving 100% Chronic Homeless (CH) families or individuals; and
 - b. New RRH serving persons coming from streets, Emergency Shelter, fleeing Domestic Violence situations or meeting criteria in paragraph 4 of definition of homeless.
3. New reallocation projects (as funds are available) for any of the following:
 - a. New PSH serving CH individuals or families;
 - b. New SSO for Coordinated Entry;
 - c. New RRH serving individuals and families who enter from ES or streets;
 - d. New RRH serving youth who meet criteria of paragraph 4 of homeless definition; and
 - e. New HMIS for the costs of 24 CFR 578.37 carried out by HMIS Lead.

CoC Evidence of Notices and Public Postings

1. **Coc Website Public Notice:** Two days after the NOFA was released the CoC placed on the homepage Notice of Funds Available and timeline. The CoC updated with **Scoring Tool, Ranking/Scoring Policy, Reallocation Policy**, and **Approved Ranking** as these were approved by the CoC. The **Consolidate Application** was added last following CoC review and board approval. Screenshots of website below:



2. **Pre-application and Threshold Assessment:** A notice with CoC timeline was sent to the CoC email list, placed on the website and sent to each project on the GIW. Sample email below:

ER VIEW ADD-INS SEARCH

2015 NOFA - ca... To Manager
Team Email Reply & Delete
Create New

Move Rules OneNote
Unread/ Follow Read Up
Tags

Search People
Address Book
Filter Email
Find

Send/Receive All Folders
Send/Receive

By Date Newest

ihoo.co... 10/7/2015
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Hall, Dia... 10/4/2015
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Maybe this 9/22/2015

or 9/22/2015
line item

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review and L...
continuum of

ird; Ann... 9/21/2015
review and L...

Reply Reply All Forward
Tue 9/22/2015 10:20 AM

Carla Solem <carlas@cableone.net>

NOFA Timeline, Overview and instructions for applying

To: ajtraaseth@yahoo.com; Al Glaeseman; Al Glaeseman; Angela McKibben; Barb Sipson; Barbara Molter; Becki Johnson; Ben Bement; Ben Erie; Ben Schulz; Beth Olson (Bolson@fmdh.org); Bobbi Jo Stanfill; Brenda Becker; Brittani Hogenson; Bruckner, Sherry; Carla Solem; Carolyn Strnad; Chad Hanson; Chris Jansma (cjansma@mac-v.org); Christine M Delarbre; Christy Ann; Cindy Miller; CoC mailing list. (lunruh@lmhc.org); Cody Schuler; Colleen Murray; Colleen O'Brien; Dara Lee; Diane Killeison; Diane Wray Williams; Dina Chou; Dinsmore, Ellen L.; Donna Baker; Emma Schmit; Erin Prochnow; Gina Kautz; Gina Nolte; Ginny Stoe (GStoe@churches-united.org); Hall, Diana; Heidi Uecker; HTH Administrator; Jan Logan; Jane Alexander; Jeanne Jacobs; Jeff Gaffaney-Pergus Falls HRA; Jeffrey Schiffman;

This message was sent with High importance.

Message NOFA Timeline & Overview 2015.docx (29 KB) Intent to Apply and Threshold Assessment - 2015.doc (96 KB)

The FY2015 HUD Continuum of Care NOFA was released on Friday, September 18th. The attached timeline and overview provides essential information to any project wishing to apply for this grant round. Both new BONUS and new reallocated projects are being accepted during this grant round.

1. Renewal Projects: Please completed the attached **Intent to Apply** and return before noon **October 2, 2015**.
2. New Projects: Please completed the attached **Intent to Apply** and return before **noon, October 2, 2015**. Details on eligible applicants for new projects is attached.

The CoC is inviting new projects for the following eligibility activities:

- **PH Bonus projects can be created up to 15% of CoC FPRN for:**
 - o New PH serving 100% CH for families or individuals; and
 - o New RRH serving persons coming from streets, ES, fleeing DV situations or meeting criteria in paragraph 4 of definition of homeless.
- **New reallocation projects may include:**
 - o New PSH serving CH individuals or families;
 - o New SSO for Coordinated Entry;
 - o New RRH serving individuals and families who enter from ES or streets;
 - o New RRH serving youth who meet criteria of paragraph 4 of homeless definition; and
 - o New HMIS for the costs of 24 CFR 578.37 carried out by HMIS Lead

For more details on the application eligibility and requirements please visit: <https://www.hudexchange.info/resource/4688/fy-2015-coc-program-nofa/>

3. Email notification of Score and proposed Tier: Each applicant was notified via email of their score and the committee recommendation for placing in Tier 1 or Tier 2. Screen of one applicant email below.

Sent - carlas@cableone.net - Outlook

2015 NOFA - ca... To Manager
Team Email Reply & Delete
Create New

Move Rules OneNote
Unread/ Follow Read Up
Tags

Search People
Address Book
Filter Email
Find

Send/Receive All Folders
Send/Receive

Reply Reply All Forward
Thu 10/29/2015 2:22 PM

Carla Solem <carlas@cableone.net>

Score

To: Sandi Bentley

This message was sent with High importance.

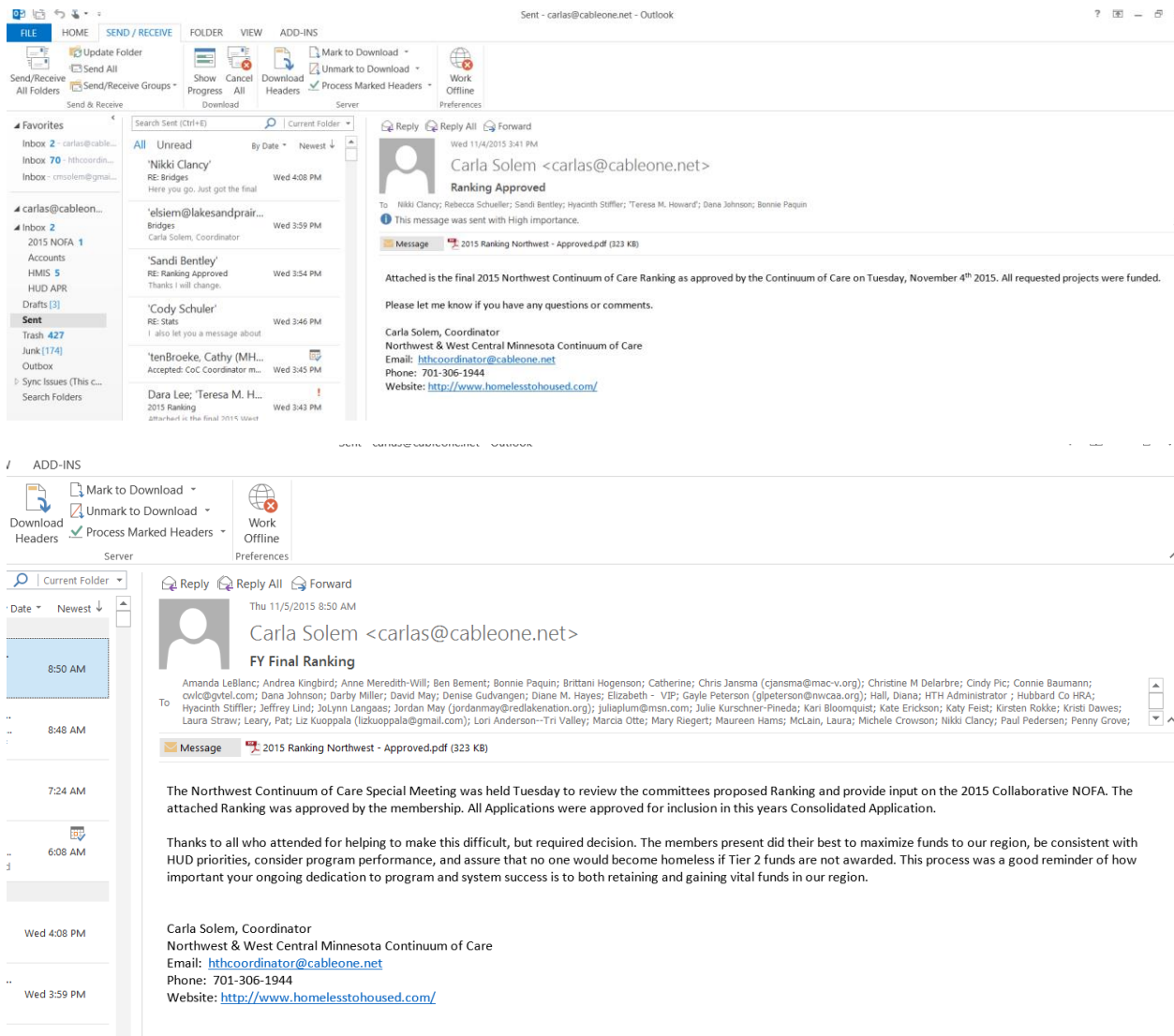
Message NW Score Tool - 2015.pdf (400 KB)

The Northwest Ranking & Scoring sub-committee met on Tuesday, October 27th, to score applicants based on the CoC approved Ranking and Scoring policies The tool used to score is attached. Based on the information provided to date, your application was scored as part of this process. The following are areas where your project lost points. The Committee is accepting feedback on scoring until 5 PM Friday, October 30th.

	VIP TH		VIP RRH	
Scoring Section	Points lost	Explanation	Points Lost	Explanation
Leverage	None		None	
Project Administration & Capacity	None		None	
HUD Priorities	3	Did not check Housing First assurances.	3	Did not check Housing First Assurances.
CoC Participation	None		None	
Service Plan	1	Not demonstrating all EBP.	1	Not demonstrating all EBP.
APR Performance	3	Unit and Bed utilization low.	N/A	
HMIS	None		None	

The CoC will be ranking projects on Tuesday, November 3rd. Your project is proposed to be in Tier 1.

4. **Email notification to Applicants of inclusion in CoC Tier 1 or Tier 2:** Each applicant received an email notification of their inclusion in the application. No applications were rejected. Notifications were sent on November 4, 2015. Below is a screen shot of one of the applicant emails. Notice to the entire CoC was sent on November 5, 2015.



Northwest MN CoC Reallocation Policy

The Northwest Minnesota Continuum of Care (CoC) has created this policy to guide the CoC in determining if, when and how the CoC should reallocate funds. Reallocating funds is one of the most important tools in which our CoC can make strategic improvements to our homelessness system. Through reallocation, our CoC can create new, evidence-informed projects by eliminating projects that are underperforming or are more appropriately funded from other sources.

What is Reallocation?

Reallocation refers to the process by which a CoC shifts funds in whole or in part from existing CoC-funded projects that are eligible for renewal to create one or more new projects. A reallocated project must be a new project that serves new participants and has either a rapid re-housing or permanent supportive housing program design. A new reallocated project may use resources from an existing project, including staff, but it is not simply a continuation of an existing project that serves existing participants. The new reallocated project must include a component change (i.e. TH or PSH) or a significant change in the programs population (i.e. youth to single CH).

What types of projects can be reallocated?

CoCs can reallocate funding from any project eligible for renewal in a competition year. The annual CoC Program Competition Notice of Funding Availability (NOFA) dictates what types of projects may be created through reallocation in a given competition. For example, the FY15 CoC Program Competition NOFA limited the types of new projects that could be created through reallocation to:

- a. New permanent supportive housing for people experiencing chronic homelessness; and
- b. Rapid re-housing to serve households with children coming from the streets or an emergency shelter.

Reallocation Process

1. In the months preceding the release of the NOFA the CoC will begin discussing at monthly CoC meetings the concept of reallocation and brainstorm potential projects. When considering the need for reallocation, various factors will be considered including: existing inventory, system needs, gaps, duplication, program performance, potential grant mergers/collaborations, Coordinated entry data, utilization rates and other funding resources (both new and existing).
2. Within 2 days of the release of the annual NOFA, the CoC will publish the CoC timeline and process for accepting renewal, new bonus or reallocated projects.
3. Within 7 days of the release of the annual NOFA, the CoC will publish an Intent to Apply and Project Threshold Application. Applicants will be asked to identify whether they intend to reallocate any funds in the annual competition.
4. At the first CoC meeting following the release of the NOFA the CoC will present and discuss potential projects for reallocation, both those being reallocated and potential new projects to seek feedback on system impact. Discussion will include system needs, gaps, duplication, program performance, potential grant mergers/collaborations and other funding options.
5. The CoC ranking committee will create proposed ranking procedures and present for vote at the first meeting of the CoC following the release of the NOFA. The ranking procedures will include a threshold for project capacity and/or performance in which reallocation will be recommended.
6. The CoC ranking committee will review projects (NOFA Application, APR, Intent to Apply, Project Threshold, performance discussion, HMIS data quality reports, meeting participation, and adherence to deadlines) and may make recommendations to the CoC for reallocation based on performance or agency capacity. Projects can either be recommended for immediate reallocation or be monitored for potential reallocation in the following competition.

7. The CoC Coordinator will provide ranking score and feedback to each applicant, inviting feedback (verifiable reasons for poor performance or capacity and if there is a viable plan for improvement).
8. The CoC ranking committee may adjust score or reallocation recommendation based on feedback.
9. The ranking committee will present ranking and reallocation recommendations to the CoC for discussion and vote. Discussion will include system needs, gaps, duplication, program performance, and other funding options.
10. Finally, the CoC will want to assure that no one will become homeless as a direct result of reallocation prior to final vote on project ranking and tiers.

Different types of reallocation

There is no cookie cutter approach to reallocation. Although HUD may limit what types of new projects may be created with reallocated funds, it does not dictate what types of renewal projects can be reallocated or how that process should occur. Examples include:

- Funding from one project (or partial funding from one project) can be reallocated into a new project operated by the same provider;
- Funding from one project (or partial funding from one project) can be reallocated into a new project operated by a different provider;
- Funding from one project (or partial funding from one project) can be reallocated into many new projects;
- Funding from many projects (or partial funding from many projects) can be reallocated into one new project; and
- Funding from many projects (or partial funding from many projects) can be reallocated into many new projects.

While reallocation can be complicated and does not come without risk, it is a necessary part of ensuring that our CoC's homeless assistance system meets the needs of people experiencing homelessness.

CONTINUUM OF CARE GOVERNANCE CHARTER

I. Name

Northwest Minnesota Continuum of Care (NW MN CoC)

II. Purpose

The Continuum of Care program is authorized by subtitle C of title IV of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11381-11389). The program is designed to:

1. Promote community wide commitment to the goal of ending homelessness;
2. Provide funding for efforts by nonprofit providers, States, and local governments to quickly rehouse homeless individuals (including unaccompanied youth) and families, while minimizing the trauma and dislocation cause to homeless individuals, families, and communities by homelessness;
3. Promote access to and effective utilization of mainstream programs by homeless individuals and families; and
4. Optimize self-sufficiency among individuals and families experiencing homelessness.

NW MN CoC (herein referred to as NW CoC or simply CoC) serves as the HUD-designated primary decision making group and oversight board for the 12 contiguous counties of Beltrami, Clearwater, Hubbard, Kittson, Lake of the Woods, Mahnomen, Marshall, Norman, Pennington, Polk, Roseau, and Red Lake in Northwest Minnesota (hereinafter referred to as the “geographic area”) for the HUD Continuum of Care process. Within the CoC region lie three American Indian Reservations – the entire Red Lake Nation, a large portion of the White Earth Nation in Mahnomen and Clearwater Counties, and a small portion of Leech Lake Reservation in Beltrami and Hubbard Counties.

As the oversight entity of the Continuum of Care program, NW CoC’s responsibilities are:

1. To ensure that the CoC is meeting all of the responsibilities assigned to it by HUD regulations and the HEARTH Act (see CoC Responsibilities below);
2. To help facilitate housing stability for persons who become homeless, or are at imminent risk of homelessness in a fair and supportive manner;
3. To represent and encourage collaboration among the relevant organizations and programs serving persons who are homeless;
4. To be inclusive of all the needs of all of Northwest Minnesota region’s homeless population, including the special service and housing needs of homeless subpopulations;
5. To facilitate discussion and planning within and beyond the HUD CoC process on policy, program, and social issues related to ending homelessness;
6. To encourage and educate on service and housing best practices and quality performance; and
7. To hire and evaluate the CoC Coordinator.

III. Responsibilities of the Continuum of Care

As the designated board of the CoC for the geographic area, HUD requires the CoC to works with the CoC Collaborative Applicant to fulfill four major duties:

1. Operate a CoC:
 - a. Hold meetings of the full membership, with published agendas, at least semiannually;
 - b. Publically invite new membership to join the CoC at least annually;

- c. Adopt and follow a written process to select a CoC board to act on behalf of the CoC. The process must be reviewed, updated, and approved by the NW CoC membership at least once every 5 years;
- d. Appoint committees, subcommittees, or workgroups as needed to help carry out the goals and responsibilities of the CoC;
- e. In consultation with the CoC Collaborative Applicant and/or the HMIS Lead, develop, follow, and update annually a governance charter, which will include all procedures and policies needed to comply with CoC requirements as prescribed by HUD; and a code of conduct and recusal process for the CoC, its chair(s), and any person acting on behalf of the board;
- f. In consultation with recipients and sub-recipients of CoC and Emergency Solutions Grant (hereinafter referred to as ESG) funding, establish performance targets appropriate for population and program type, monitor recipient and sub-recipient performance, evaluate outcomes, and take action against poor performers;
- g. Evaluate outcomes of projects funded under ESG and CoC programs and report to HUD;
- h. Establish and operate a coordinated assessment system, in consultation with the recipients of Emergency Solutions Grants program funds, that
 - i. provides an initial, comprehensive assessment of the housing and services needs of individuals and families within the CoC's area;
 - ii. develops a policy that guides consistent operation of the system, with respect to how the system will triage and address the particular safety needs of individuals and families who are experiencing homelessness (including the needs of persons fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking; and
 - iii. demonstrates compliance with the following minimum requirements:
 - Cover the geographic area served by the CoC
 - Be easily accessed by individuals and families seeking housing or services
 - Be well advertised
 - Include a comprehensive and standardized assessment tool
- i. In consultation with recipients of CoC and ESG funds within the geographic area, establish and consistently follow written standards for providing CoC assistance. At a minimum, these written standards must include:
 - i. Policies and procedures for evaluating individuals' and families' eligibility for CoC assistance;
 - ii. Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;
 - iii. Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid re-housing assistance;
 - iv. Standards for determining what percentage or amount of rent each program participant must pay while receiving rapid re-housing assistance;
 - v. Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance; and
 - vi. When the CoC is designated a high-performing community, policies and procedures for determining and prioritizing which eligible individuals and families will receive Homelessness Prevention Assistance.

2. Designating and operating an Homeless Management Information System (HMIS):
 - a. Designate a single HMIS for the geographic area;
 - b. Designate an eligible applicant to manage the CoC's HMIS, which will be known as the HMIS Lead;
 - c. Review, revise, and approve a privacy plan, security plan, and data quality plan for the HMIS.
 - d. Ensure consistent participation of recipients and sub-recipients of CoC and ESG funding in the HMIS;
 - e. Ensure the HMIS is administered in compliance with requirements prescribed by HUD.
3. Develop a Continuum of Care Plan that includes the following:
 - a. Coordinate the implementation of a housing and service system within its geographic area that meets the needs of the homeless individuals (including unaccompanied youth) and families. At a minimum, such system encompasses the following: Outreach, engagement, and assessment; Shelter, housing, and supportive services; and Prevention strategies;
 - b. An annual point-in-time sheltered (in collaboration with the State of MN quarterly sheltered count) and unsheltered count within the geographic area in adherence with HUD guidelines;
 - c. Annual gaps analysis of homeless needs and services in NW MN in accordance with HUD guidelines;
 - d. Information and input to the State of MN Consolidated Plan; and
 - e. Coordination with the State of MN ESG program to determine a plan for allocating ESG funds and reporting on and evaluating the performance of ESG recipients and sub-recipients.
4. Prepare an application for CoC funds:
 - a. Design, operate and follow a collaborative process for the development of applications and approve the submission of applications in response to the annual HUD NOFA;
 - b. Establish priorities for funding projects in the geographic areas;
 - c. Determine if one, or more than one, application will be submitted for all projects in the geographic area.
 - d. Designate a Collaborative Applicant to collect all applications in the geographic area and submit on behalf of the CoC.
 - e. Apply, through the Collaborative Applicant, for any desired planning activities.
 - f. Approve the CoC application.

IV. CoC Membership:

1. General Membership: The General membership of the CoC is defined as those persons and organizations signing an annual membership agreement. Each year, the NW CoC will invite membership from across the geographic area and ask interested persons and organizations to enter into a membership agreement. The CoC will also hold an annual meeting announcing members, reviewing the CoC governance structure, electing the NW CoC Board, and soliciting committee memberships. The slate of potential NW CoC Board Officers and Committee Chairs (developed as described in the Nomination and Terms section below) are presented to and voted on by the CoC membership.

The CoC will promote membership to the following; homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons. The CoC will strive to include representation from each of these groups through membership, ideally, or through input derived through other means (focus groups, surveys, mailing lists, meetings, etc.).

Membership Responsibilities and Conditions:

1. Each organization/agency can appoint up to three persons to represent their organization.
 2. No organization may have more than one (1) vote at NW CoC Membership Meetings, regardless of how many staff are regularly in attendance or how many programs the organization administers;
 3. Each organization shall sign an annual membership agreement and Code of Conduct.
 4. In addition to electing the Board of Directors, the membership shall approve:
 - i. Established Governance Charter & Bylaws;
 - ii. Written policies to select the board & standing committees; and
 - iii. The HMIS lead agency and system.
2. Board of Directors: The NW CoC shall annually elect a Board of Directors (hereinafter referred to as the "Board") to act on behalf of the CoC to conduct CoC business and assure compliance with HUD regulations. Annual meeting will be held in November with officers taking their elected position in January. The Annual meeting is open to the public. The Board shall meet a minimum of 8 times annually; additional meetings may be scheduled based on a meeting calendar accepted by the Board and also as necessary to accomplish Board business. Notice of meetings and minutes from previous meeting will be sent to the full membership by email no less than 7 days prior to the meeting.

The Board must be representative of the relevant organizations in the region and of projects serving the region's homeless subpopulations and must include at least one homeless or formerly homeless individual.

Specific responsibilities of the Board include:

- a. Plan and conduct an annual membership recruitment process;
- b. Appoint Committees and workgroups as needed to help conduct the business of the NW CoC and assure compliance with HUD regulations;
- c. Vote to approve the following:
 - i. Standards for administering CoC assistance; outcomes for ESG and CoC programs; HMIS lead; HMIS Data System; Annual Gaps Analysis; Collaborative Applicant; CoC Funding Priorities; and CoC Application Process. *Note: Consideration and vote on the above items shall come from committee recommendations, with input from the CoC Membership.*
- d. Develop, approve and evaluate an annual CoC plan;
- e. Review and approve the annual HUD CoC application;

Membership of the Board shall be comprised of agencies attending at least 50% of the last 10 CoC meetings.

Additional Board Conditions:

- a. Executive Officers: The General membership will annually elect the following officers from the Board: Chair, Chair Elect, Secretary, and Committee Chairs.
 - b. Removal: The seat of any representative who is absent without cause for three (3) consecutive meetings of the Board of Directors may be declared vacant by the remaining members of the board. Such seats will then be filled through the processes described above under vacancies.
 - c. Resignation: Unless otherwise provided by written agreement, any representative may resign at any time by giving written notice to the Chairperson. Any such resignations shall take effect at the time specified within the written notice or if the time be not specified therein upon its acceptance by the Board.
3. Committees: The NW CoC Board may establish standing and adhoc committees to help carry out the work of the CoC and assure compliance with HUD regulations. The standing committee chairs shall be elected annually by the CoC Board. The Board shall establish meeting frequency and annual work plan for each committee.
1. Standing Committees: The NW CoC membership has approved the development and maintenance of four (4) standing committees. Only the CoC Membership can vote to add additional standing committees. The NW CoC Board will annually review committee roles and responsibilities.

The NW CoC standing committees are:

- a. Executive: Comprised of the Chair, Chair elect, Secretary, and Past Chair, the Executive Committee is responsible for annually reviewing CoC Coordinator performance, establishing an annual work plan with the CoC Coordinator, and providing feedback to the CoC Coordinator on CoC business between meetings.
- b. Coordinated Assessment:
 1. Plan a Coordinated Assessment system in coordination with board & membership.
 2. System must include; Evaluation of eligibility for assistance, prioritization of who receives TH, Rapid Rehousing and PH Assistance, and Determination of % rent received in Rapid Rehousing.
 3. Facilitate annual system mapping exercise.
 4. Annually evaluate system policies, participation and performance.
- c. Performance and Evaluation:
 1. Take lead in establishing performance measures for ESG and CoC programs.
 2. Review outcomes for ESG & CoC programs and report to Board.
 3. Regularly monitor system wide performance targets.
 4. Provide input to data committee on desired data input.
- d. Data:
 1. Conduct annual gaps analysis – needs & services
 2. Plan & conduct annual PIT Count
 3. Obtain participant feedback on program performance and gaps.
 4. Reviews program participation in HMIS.
 5. Reviews HMIS privacy, security, data quality plan annually
 6. Assure HMIS is administered in compliance w/HUD
 7. Provide information to Consolidated plans

e. Additional Committee Conditions:

1. Membership: Committee membership shall be comprised of members of the NW CoC, as well as representatives from the geographic region with interest and expertise relevant to the said committees. The CoC shall hold an annual solicitation for committee membership. Additionally, the chair, with support of the members, can recruit membership to fill out the membership.
2. Vacancies: Vacancies on the committee will be handled as follows:
 - a. Chairs: The board shall be responsible for designating another staff person to fill the vacant seat until the next election.
 - b. Committee members: The Committee chair, with support from the CoC board and membership, shall recruit for the vacant seat.
4. Work Groups and Sub-Committees: The Board may establish committees as it deems necessary. However, only the General CoC membership can designate a standing committee.
5. Code of Conduct: Members of the NW CoC and all committees will sign a Code of Conduct annually. The Code of Conduct includes agreement to act in professional and collaborative manner and includes Conflict of Interest policy. Any member (CoC, Board, or Committee) having a conflict of interest or a conflict of responsibility on any matter shall refrain from voting on such matter.

V. **Meetings:**

1. Call to Meetings: All meetings shall be held at the call of Chair or a designated representative of the chair;
2. Notice: Notice of all meetings, including the time and place shall be delivered by email at least 4 days prior to the meeting;
3. Frequency:
 - a. General Membership: Meetings shall be held at least 8 times annually.
 - b. Board: Meetings shall be held at least 8 times annually;
4. Facilitation: The respective Chairs or Vice Chairs shall preside over all meetings when present OR appoint a member to act as chair in his or her absence or during a conflict of interest.
5. Annual Meeting:
 - a. Annual meetings of the Board and the General Membership shall be held for the purpose of electing Board members, committee chairs and officers.
 - b. Annual meetings shall be held, as set by the Board, not less than 10, or more than 13 months after the annual meeting held the prior year.
 - c. The annual meeting shall be open to the public, and to the extent possible, should be held in different locations around the region.
6. Meeting minutes: The Board Secretary shall keep accurate records of the acts and proceedings of all CoC and Board meetings of the NW CoC, or designate another person to do so at each meeting. Committees and workgroups shall either; elect, nominate or appoint a member to take minutes at each meeting. Minutes shall document all actions taken without a meeting, as described above. Such records will include the names of those in attendance. The Board Secretary shall have general charge of NW CoC records and shall keep or cause to be kept all such records at the CoC collaborative applicant's office.

7. Voting: At all meetings, business items may be decided by arriving at a consensus. If a vote is necessary, all votes shall be by voice or ballot at the will of the majority of those in attendance at a meeting with a quorum represented.
 - a. Each agency shall have one vote, regardless of member representatives;
 - b. No member may vote on any item which presents a real or perceived conflict of interest;
 - c. A quorum will be met when a majority of active membership is represented;
 - d. Electronic voting may take place through roll call. The final vote shall be reported to the respective membership and noted in the minutes. If the validity of the electronic vote is questioned, the board may request a recount.
 - e. Manner of Acting: The act of the majority of the representatives present at a meeting of the committee at which a quorum is present shall be the act of the committee.
8. Action Without a Meeting: Any action that may be taken at any meeting of the committee may be taken without a meeting if that action is approved, in writing (e.g. letter, email) by a majority of all members who would be entitled to vote if a meeting was held for such purpose.

V. Amendments

The Governance Charter and Bylaws may be altered, amended, repealed or added to by majority vote of a quorum of the voting General Membership. Membership shall be notified at least 30 days prior to an actual vote on any changes to this document.

CHRONIC HOMELESS PRIORITIZATION POLICY

While the North West MN Continuum of Care feels all persons who become homeless need and deserve a home, the continuum feels priority should be given to those individuals who are both homeless and disabled, as they are at greatest risk for remaining homeless. When possible, all homeless providers, particularly those providing Permanent Supportive Housing, should give preference to persons who are at greatest risk.

This should be accomplished by:

- Establish and maintain preference criteria in the regional Coordinated Assessment System that gives waitlist priority to persons/households who are both homeless and disabled and who meet the Chronic Homeless and/or Long-term Homeless Definition.
- Include weighted priority in the system barriers assessment to give preference to persons/households who are both homeless and disabled and who meet the Chronic Homeless and/or Long-term Homeless Definition.
- Prioritize the development and renewal of permanent supportive housing projects when issuing certificates of consistency and when ranking grant applications.
- Evaluate programs for how well they serve persons who are both homeless and disabled, addressing any barriers that are preventing this population from being served.
- All PSH programs receiving CoC funding shall be required to edit eligibility guidelines to give preference to persons/households who are both homeless and disabled and who meet the Chronic Homeless and/or Long-term Homeless Definition. Note, preference does not mean limiting beds to Chronic Homeless or Long-term Homeless, only priority as beds become available.
- As part of Coordinated Assessment, develop an outreach plan that includes increasing access for persons who are Chronic and Long-term Homeless. Outreach includes making a concerted effort to reach persons who meet the CH and LTH definition, particularly those who are literally homeless.

Approved September 19, 2013

Addendum B: School Enrollment

Northwest MN CoC Policy Requiring School Enrollment and Connection to Appropriate Services for All Children

Educational and supportive service needs of families with minor children will be fully assessed with expediency upon entry to the program. School-aged youth will be enrolled in school immediately, working collaboratively with the designated school homeless liaison in the Local Educational Agency (LEA) to ensure that all educational assessments are completed. To the extent feasible, students in homeless situations should be kept in their school of origin (defined as the school the student attended when permanently housed or the school in which the student was last enrolled), unless it is against the parent's or guardian's wishes. Students in homeless situations must have access to the educational and other services they need to ensure that they have an opportunity to meet the same challenging state student academic achievement standards to which all students are held. Appropriate referrals will be made in the community to address supportive service needs of all family members.

Date Approved: April 2013|

Addendum C: Family Separation Policy

Family Separation and Emergency Shelter and Transitional Housing

HUD issued regulations that all ESG funded shelters and transitional housing programs are prohibited from denying access to families based on the age of child. Non-compliance may result in the removal of ESG funds. The CoC has expanded this policy to include any shelter or TH program participating in CES. Specific details include:

1. IN GENERAL.—... any project sponsor receiving funds under this title to provide emergency shelter, transitional housing, or permanent housing to families with children under age 18 shall not deny admission to any family based on the age of any child under age 18. “
2. EXCEPTION.—Notwithstanding the requirement under subsection (a), project sponsors of transitional housing receiving funds under this title may target transitional housing resources to families with children of a specific age only if the project sponsor— “(1) operates a transitional housing program that has a primary purpose of implementing an evidence-based practice that requires that housing units be targeted to families with children in a specific age group; and “(2) provides such assurances, as the Secretary shall require, that an equivalent appropriate alternative living arrangement for the whole family or household unit has been secured

Minnesota's HMIS Policies and Procedures

Minnesota's Homeless Management Information System will provide standardized and timely information to improve access to housing and services and strengthen our efforts to end homelessness

N O V E M B E R 2 0 1 4

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Acknowledgments

The original version of this document was produced by Minnesota's HMIS Governing Group, led in this effort by Richard Wayman. This document was approved by the Governing Group on January 31, 2005.

The first major revision took place on December 2012, following recommendations discussed in a meeting of the HMIS Governing Group on December 6, 2012. Another major revision occurred in January 2014, following recommendations discussed in a meeting of the HMIS Governing Group on December 10th, 2013. The Data Quality Plan was revised and amended here November 19, 2014.

Contact Information

Web site information on Minnesota's HMIS:

<http://www.hmismn.org>

HMIS help desk:

HMIS@wilder.org

651-280-2780, or 1-855-280-2780

Wilder Research
451 Lexington Parkway North
St. Paul, MN 55104

HMIS Grievances (reported to HMIS Governing Group):

Minnesota Coalition for the Homeless
Attention: HMIS Grievance
2233 University Avenue West, Suite 434
St. Paul, MN 55114
651-645-7332

Background

Introduction

Homeless Management Information Systems (HMIS) enable data from a variety of service providers to be combined to reveal a more comprehensive picture of client needs. In Minnesota and elsewhere this is accomplished via the internet, using software that can enable inter-agency case management within a context of strict data privacy protections.

History

The decision to implement an HMIS in Minnesota grew out of a desire to obtain standardized, regularly updated information about homelessness for advocates, planners, and policymakers – all of whom were interested in doing something about the consistently growing and stubbornly persistent problem of homelessness. The idea was to broaden a data tracking initiative started among Ramsey County shelters and transitional housing providers in the early 1990s.

Coinciding with this local activity was a Congressional mandate to implement HMIS. In 2000 Congress instructed the U.S. Department of Housing and Urban Development to take measures to improve available data concerning homelessness in the United States. In response, HUD obligated all Continuum of Care regions to implement region-wide databases that would allow an unduplicated count of service users.

Specifically, Congress mandated to HUD to collect information on the number of persons assisted through the McKinney-Vento Act. The Omnibus Appropriations Act of 2003 (Pub. L. 108-7) in its conference committee report noted:

HUD is directed to begin collecting data on the percentage and number of beds and supportive services programs that are serving people who are chronically disabled and/or chronically homeless. . . HUD should continue its collaborative efforts with local jurisdictions to collect an array of data on homelessness in order to analyze patterns of use of assistance, including how people enter and exit the homeless assistance system, and to assess the effectiveness of the homeless assistance system.

Previously in FY 1999 HUD Appropriations Act, Congress directed HUD to collect data from representative samples of existing HMIS systems,

collect, at a minimum, the following data: The unduplicated count of clients served; client characteristics such as age, race, disability status, units (days) and type of housing received (shelter, transitional, permanent); and services rendered. Outcome information such as housing stability, income, and health status should be collected.¹

The state Inter-Agency Task Force on Homelessness, the Corporation for Supportive Housing, the Metro-wide Engagement on Shelter, and others responded to this mandate by convening a series of open meetings in spring 2002. By general consensus a statewide, rather than region-by-region, approach was adopted and an “Implementation Group” was convened to oversee the project. The Implementation Group consisted of representatives from all of Minnesota’s Continuum of Care regions, at-large members who represent various populations and provider groups (e.g., agencies for homeless youth, veterans, domestic violence victims, those with HIV/AIDS, and consumers of homeless services), and representatives of state government.

The Implementation Group guided development and implementation of Minnesota’s HMIS. Early on the group adopted a vision for Minnesota’s HMIS (see next section), selected a system administrator (Wilder Research), trainer (Minnesota Housing Partnership), and software for the system (Bowman System’s ServicePoint). The group also developed various system policies and worked on system funding. The group continues to meet regularly to advise Wilder Research on nearly every aspect of the HMIS project, including budgetary matters and annual fees, system policies, and training procedures.

Eligible programs

Programs which may use HMIS include, but are not limited to:

- Emergency shelters serving homeless adults, families, and youth²
- Transitional housing programs
- Supportive Housing Programs (whether scattered site or on-site)
- Street and Community outreach programs to persons who are homeless

¹ See Fed. Register, Vol. 68, No. 140 (July 22, 2003) for further overview of federal mandates for HMIS.

² In general, domestic violence shelters are prohibited from participation in HMIS by federal legislation, under the Violence Against Women Act (VAWA). Please see hmismn.org, or contact Wilder Research for additional information.

- Supportive Service programs serving persons who are homeless

In addition, HMIS participation is a requirement of various funders. On the Federal level, HMIS participation is mandated for all service and housing providers that receive HUD funding under the McKinney-Vento Act, which includes:

- Supportive Housing Program (SHP)
- Shelter plus Care
- Section 8 Moderate Rehab for Single Room Occupancy
- Emergency Solutions Grant
- Housing for Persons with AIDS (HOPWA)

Satisfying the HMIS requirement is also factored into the Department of Housing and Urban Development's (HUD) scoring of annual Continuum of Care applications – the more programs that participate in HMIS, the higher the Continuum is scored on that aspect of their application. In Minnesota this means that implementing and maintaining a widely-used HMIS improves the state's chances of continuing to receive the over \$20 million annually in federal funding that we now receive under the McKinney-Vento program.

On the state level, the Minnesota Department of Human Services and the Minnesota Housing Finance Agency require HMIS participation for their grantees under the following programs:

Minnesota Department of Human Services/Office of Economic Opportunity

- Transitional Housing Program (THP)
- Emergency Services Program (ESP)
- Emergency Solutions Grant Program (ESGP)
- Runaway and Homeless Youth Act
- Healthy Transitions for Youth
- Ending Long-Term Homelessness Supportive Services

Minnesota Housing Finance Agency

- Family Homeless Prevention and Assistance Program (FHPAP)
- Projects funded under the Plan to End Long-Term Homelessness

Agencies that receive funding from these state programs use HMIS to satisfy their reporting requirements.

Ideally all emergency shelters, transitional and supportive housing program, and homeless outreach programs in the state will participate in HMIS. The more agencies, and the more users within agencies, that participate in the system the better. More agencies equal more comprehensive data, and therefore improved information for planning and policymaking. More users within agencies means that clients will more likely receive appropriate services, since their caseworks may have an opportunity to see relevant case history from prior service episodes, and will have an opportunity to rely upon the systems case planning, referral, and data protection capacities.

Why is this important?

Because agencies that serve people experiencing homelessness work for the public welfare of our communities, they must remain accountable to their program participants, funders, and community partners. One way to remain accountable is to be driven and focused on a mission and to report progress on accomplishing that mission. Programs should be transparent about what outcomes and goals they have achieved. HMIS allows programs to manage data in a secure and standardized environment that also offers an aggregate view of our state-wide efforts to end homelessness. We hope that with better information we will be able to plan, work, and achieve greater success in serving participants with meaningful services and housing options and end a social problem that can be fixed.

Expectations for HMIS Partner Agencies

Social service agencies that participate in Minnesota's HMIS are referred to as "partner agencies." Each partner agency needs to follow certain guidelines to help keep the project on track and to maintain data privacy and accuracy. The guidelines below do not replace the more formal and legally-binding agency agreement that each agency signs when joining the project.

Implementing HMIS

To prepare for participating in Minnesota's HMIS, agency administration should:

- Familiarize themselves with HMIS (see www.hmismn.org).
- Decide how many system end-users they will need. "End users" are the people who will actually enter data into the HMIS and use the system to run reports that the agency may need for funding purposes, or find useful for internal management. Typical end users include intake workers and case managers. Typically, the more end-users in an agency, the more useful the system becomes. There are, however, additional costs for each end-user in an agency. Volunteers should only be designated as end-users as a last resort, and will be subject to the same training and legal requirements as all other end-users.
- Familiarize prospective end-users with basic computer skills if necessary (e.g., windows, using a mouse, navigating the internet).
- Designate a primary HMIS contact within the agency.
- Develop a clear understanding of current reporting needs and funding streams. For example, does the agency receive SHP funds? THP? FHPAP?
- Understand the agency's data privacy requirements. For example, is the agency covered by HIPAA?
- Have access to a computer. Nearly any computer purchased within the past 5 years will be adequate. (See hmismn.org for current technical requirements and recommendations.)
- The computer must have access to the internet and an up-to-date web browser. (See hmismn.org for current technical requirements and recommendations.)

The steps for implementation include the following:

1. **Initial contact.** Agency is contacted by Wilder Research (or contacts Wilder Research) and agrees to send its end-users to a day-long introductory group training on HMIS and using

ServicePoint. Agency administrators, IT staff, or others may also attend the training for a fee if there is space available. Agencies should not sign up for training unless they are willing and able to complete the following steps and begin entering actual client data within one month of attending training.

2. **Paperwork and payment.** Before attending training: (a) Agency must review and sign an agency agreement before the training. (b) If the agency is covered by HIPAA, the agency should send Wilder Research a Business Associates Agreement. (c) The agency must pay any training and end-user fees.
3. **Training.** All end-users within must complete initial training with Wilder Research.
4. **Work flow.** Agency program administrators and system end-users should designate a process for integrating the HMIS into its regular flow of work. Ideally information in ServicePoint will be updated in real time, whenever clients are entering or leaving programs, but this is not always possible. Planning how to incorporate ServicePoint in the agency's workflow should be done before the walk through so that the agency is ready to use ServicePoint immediately after the walk-through. Necessary decisions include:
 - a. Will the data be directly entered into ServicePoint during intake or case management sessions? (If so, what is our back-up plan if the power is out or the internet connection goes down?)
 - b. Will the information be recorded by paper forms and entered later? If so, can we adapt our existing forms so that there is no confusion when entering data into ServicePoint? Note that electronic versions (MS Word format) of data entry forms that mirror screens in ServicePoint are available at www.hmismn.org
 - c. Who will run reports? Which ones? How often? Note that we strongly recommend running reports on a monthly or weekly basis to help check for data entry errors. The agency is responsible for maintaining accurate data, and regularly running reports is a good way to double check that information has been properly recorded in the system. Regular reporting may also provide the agency with important information about its clients and programmatic goals.
5. **Data privacy practices and client informed consent.** Before entering data into Minnesota's HMIS, agencies must implement any necessary client notice, consent, and release of information forms associated with Minnesota's HMIS (see appendix for current examples), as well as their own written data privacy policy. This can be done prior to training, and should be ready to implement by the time of the walk through or even shortly before, so that the agency can begin entering actual data as soon as possible. Note that agency should be able to explain to clients the data privacy practices associated with Minnesota's HMIS.

6. **Set-up.** After training the agency's designated HMIS contact will be called by Wilder Research, to gather information necessary to configure ServicePoint to meet the agency's reporting and data privacy needs. The Agency's end-users cannot be given access to the system until the system set-up is complete, so it is important that the agency respond to Wilder's requests for information as soon as possible. Agencies that do not follow through with set-up after attending training may be required to attend an additional training session, at added cost.
7. **Walk through.** After set-up is completed (and confirmed with the agency's HMIS contact person), Wilder Research will contact the agency for a "walk through" session that serves as a sort of refresher on how to use the HMIS and demonstrates the way that the system has been configured for the agency. Usernames and passwords are issued at this point.
8. **Using the system.** Agencies should record in the HMIS at least three actual client entries into their programs within 2 weeks of completing set up with Wilder Research. On an on-going basis agencies must enter and update information on all current clients in their HMIS-relevant programs (homeless prevention, outreach, shelter, and housing programs) on at least a quarterly basis. Information must be updated by the end of the second week after each quarter's end (by April 15 for Q1; by July 15 for Q2; by October 15 for Q3; and by January 15 for Q3).
 - a. **Reporting:** Agencies are required to run reports in the system as directed by their funding sources, and should run these reports prior to actual report due dates to check for data entry errors. Agencies are strongly encouraged to use the systems reporting features on a more frequent weekly or monthly basis to check for data entry errors. Agencies are responsible for the quality of the data that they report.

General on-going commitments

Participating agencies should be prepared to commit to the following:

- Collecting and updating minimum data elements on all clients, and updating on a quarterly basis as necessary. Information must be updated by the end of the second week after each quarter's end (by April 15 for Q1; by July 15 for Q2; by October 15 for Q3; and by January 15 for Q3). This is necessary for Wilder Research to be able to issue accurate quarterly reports.
- Maintaining accurate data. The agency should run system reports on a regular weekly or monthly basis to check for errors. The agency should contact Wilder Research (HMIS@wilder.org, 651-280-2780, or 1-855-280-2780) if needing assistance with data correction, including deleting any client records that were entered by mistake.
- Obtaining necessary client consent and releases of information for data sharing.

- Agencies covered by HIPAA, domestic violence agencies, youth providers, and HIV/AIDS providers must develop joint legal agreements with other partner agencies if they will be sharing client records via the HMIS. Such agencies must work with Wilder Research to enable restricted data sharing.
- Posting a Notice of Uses and Disclosures for Minnesota's HMIS (see exhibits at end of this manual). Agency staff should be able to provide a basic explanation of the notice and the agency should be able to provide a copy to each of its clients.
- Cancel HMIS access of any end-user who is terminated from employment, leaves the agency, or needs to be restricted from the system for any other reason. The agency should contact Wilder Research as soon as possible and no more than 24 hours after the end-user is terminated.

Information entry standards

- Information entered into Minnesota's HMIS will be truthful, accurate and complete.
- Agency staff will not enter information about clients into Minnesota's HMIS database unless the information is required for a legitimate business purpose such as to provide services to the Client, to conduct evaluation or research, to administer the program, or to comply with regulatory requirements.
- When adding to- or modifying data in- an existing client's HMIS record, end users should check to see if that client is currently receiving services from a different HMIS partner agency (e.g., entered into, but not yet exited from another program). If the client is active elsewhere, end-users should not alter or over-ride information possibly used by staff of that agency without first verifying the change with staff of the other agency.

No conditioning of services

Agencies shall not decline to provide any services to a client based upon a client's refusal to sign a Release of Information form or refusing to allow entry of information into Minnesota's HMIS. (Note: This does not over-ride agency policies or funding restrictions that may require certain data from a client before an agency is able to serve the client. However, if this is the case and HMIS is the only data base, then the client may be offered the opportunity to be entered as anonymous client – e.g., entered with a system generated code and no social security number or other identifying information.)

Accountability for noncompliance

The HMIS Governing Group will receive updates from Wilder Research on progress made by participating programs with HMIS. The Governing Group will provide notice to agencies and funders (the state of Minnesota, HUD, or local Continuum of Care Committees) when agencies are found not to be in compliance with data entry or have violated the code of ethics or privacy concerns.

The HMIS Governing Group and Wilder Research would like to make compliance with system policies and expectations as easy as possible, and welcomes agency requests for assistance. Agencies that fail to comply, however, should be aware of the potential for penalties under data privacy laws (e.g., HIPAA, the Minnesota Government Data Practices Act); potential impacts on funding from state and federal sources; and the possibility of additional charges from Wilder Research to cover costs associated with rectifying substantial problems.

Privacy Plan

According to standards put forward by the U.S. Department of Housing and Urban Development, Homeless Management Information Systems are encouraged to have privacy plans that at the minimum include: data collection limitations; purpose and use limitations; allowable uses and disclosures; access and correction standards; and protections for victims of domestic violence, dating violence, sexual assault, and stalking.

The Privacy Plan for Minnesota's HMIS consists of the following documents:

- **Agency Agreement**
This form obligates organizations that participate in Minnesota's HMIS to abide by all applicable rules and regulations, and to oversee proper use of the HMIS by their staff.
- **User policy, responsibility statement & code of ethics**
This form, signed by all system end-users, specifies responsibilities of individuals who access Minnesota's HMIS, and includes limitations on collecting data and accessing data. End users must agree to honor the wishes of the persons whose information is interested into the HMIS; access only information for which they have a clear business purpose; and keep their username and passwords private.
- **Client data privacy notice and consent form**
This form, given to all persons (or their parents or guardians) whose information is entered into the HMIS, outlines allowable uses and disclosures of individually-identifiable data maintained in HMIS. It also informs clients of their rights to view and correct data held in Minnesota's HMIS, including a method for filing grievances.

- Client release of information form

This form, while not currently in wide use, specifies organizations that an organization may share data with via Minnesota's HMIS. Clients may elect to share data or to limit data sharing.

- HMIS grievance procedure form

This form provides a grievance process for those who feel that they have been somehow wronged by Minnesota's HMIS.

Finally, all end-users are trained to protect the privacy of individually-identifiable data entered into Minnesota's HMIS

Program Participant Rights

Program participants have a clear right to:

- Keep their personal information held private. All clients have the right to choose to have their data entered in the system anonymously and refuse to have certain information recorded about them in the system. This can provide protections for clients who have experienced domestic violence, dating violence, sexual assault, or stalking at some point in their lives or who are uncomfortable having information entered about them for any other reason.
- Have their preferences with regard to the entry and sharing of client information within Minnesota's HMIS respected, whether they prefer their data to be shared with other partner agencies or not.
- Request a change in their information sharing preferences.
- Refuse to allow entry of identifiable information into Minnesota's HMIS without being denied services (except if entry of identifiable information is necessary for program operation).
- Have only truthful and accurate information about them entered into the system.
- Not be asked for information unless the information is required for a legitimate business purpose such as to provide services to the client.
- Inspect and obtain a copy of their own information maintained within Minnesota's HMIS (except for information that is used in preparation for a criminal or civil court case under release by subpoena).
- File grievances related to the HMIS without retaliation.

Data sharing

One of the potential benefits – and potential risks – of Minnesota’s HMIS is the ability to easily share data between agencies in a standardized format. Certain agencies, like youth providers, HIV/AIDS providers, and HIPAA-covered agencies, will only share data with other service providers if they have developed specific agreements allowing them to do so. Others will choose to share data routinely with other HMIS partner agencies. In either case, clients have the right to control access to their data and must sign a Client Release of Information form before an agency can share information about the client with other agencies via Minnesota’s HMIS (see appendix or electronic forms at www.hmismn.org). Note that agency staff must be prepared to explain the HMIS system and agency privacy policies upon request.

Additionally, please note that:

- Agency staff have the ability to designate information entered into the HMIS as “open” – meaning shared with other partner agencies, or “closed” – meaning hidden from other partner agencies. While Wilder will set defaults for data sharing in consultation with the agency, it is the responsibility of the agency staff to make sure that the data they are entering is secure consistent with agency practices and client preferences.
- HMIS project staff at Wilder Research and Bowman Systems, LLC. will have access to all information entered into the system. Wilder and Bowman routinely deal with sensitive data and abide by strict data privacy practices. Wilder and Bowman will only access identifying information for business-related reasons, including administering the database, conducting research, and preparing reports (only aggregate information will be included in reports).
- Minnesota’s HMIS is not a government database. Federal agencies, including HUD, do NOT have direct or routine access to the HMIS. State government employees do not have direct access to the system, but in some cases do see client-level information about persons served under the grant programs that they monitor.

Security Plan

According to standards put forward by the U.S. Department of Housing and Urban Development, Homeless Management Information Systems are encouraged to have security plans that: ensure the confidentiality, integrity, and availability of all HMIS information; protect against any reasonably anticipated threats or hazards to security, and; ensure compliance by end users.

The security plan for Minnesota’s HMIS includes the documents and protections outlined in the privacy plan. In addition, the security plan includes security and backup technology provided by the system’s vendor, currently including:

- End-user authentication via username and complex password, including temporarily inactivating licenses with more than 3 consecutive failed logins.
- Automatic logout after a specified period of inactivity on the system (currently 15 minutes).
- Secured Socket-Layer certification of data sent over the internet.
- Database-level encryption.
- Firewall protection against attempted system hacks.

In addition the availability of the system and data contained therein is provided the system vendor via redundant servers and nightly off-site system back up, as specified in the Disaster Recovery Plan.

Finally, administrative staff for Minnesota's HMIS run security reports on an at least monthly basis, to help ensure that end-users are properly following data privacy and sharing procedures. Failure to comply with procedures may result in denial of access to Minnesota's HMIS, as outlined in the Policies and Procedures manual.

Agency Responsibilities

Agencies are responsible for the actions of their users. Among the steps Agency will take to maintain data privacy and security are:

- **Access.** Agencies will permit access to Minnesota's HMIS or client-level information obtained from it only to paid employees or supervised volunteers who need access to Minnesota's HMIS for legitimate business purposes (such as to provide services to the Client, to conduct evaluation or research, to administer the program, or to comply with regulatory requirements). Volunteers should only be designated as system users as a last resort, and are subject to the same training and legal requirements as all other system users.
- **Computers.** Agencies will allow access to Minnesota's HMIS only from computers which are (a) physically present on Agency's premises; (b) owned by the Agency; or (c) approved by Agency for the purpose of accessing and working with Minnesota's HMIS. The latter (c) shall apply only in extra-ordinary circumstances, when it is not feasible to meet conditions (a) or (b). Agency shall maintain written statements of any approvals of computers not owned by or located in the agency. Additionally, agencies should protect computers used to access Minnesota's HMIS with commercially available virus protection software.
- **Username and passwords.** Usernames and passwords shall not be stored or displayed in any publicly accessible location. Usernames and passwords may only be used by the person to whom they are assigned; licenses may not be shared under any circumstance.

- **Change in Employee status.** Any employee that is terminated or quits should have their user name and password immediately removed by contacting Wilder Research (651-280-2780; HMIS@wilder.org).
- **Training.** Agency will only allow their staff to access Minnesota's HMIS only after the authorized user receives appropriate confidentiality training including that provided by Wilder Research. Licenses granted to approved staff must not be shared; each staff who accesses HMIS must have a unique username and password.

Data Quality Plan

Wilder Research, in preparing to develop a data quality and monitoring plan, reviewed HUD guidelines as well as existing data quality plans from other HMIS implementations around the country. All these include at least the following 5 elements; Timeliness, Completeness, Accuracy, Monitoring, and Incentives/Enforcement. The data quality plan has also been reviewed and approved by the HMIS Governing Group.

Timeliness

- Purpose: is to ensure data is accessible for agency, community level, and federal reporting and to improve data accuracy. Reducing the time period between data collection and data entry will increase the accuracy and completeness of client data.
- Current Standard (may vary by program type):
 - Emergency Shelter (ES): within 10 days of service start date
 - Transitional Housing (TH): within 2 weeks of program entry
 - Permanent Supportive Housing (PSH): within 2 weeks of program entry
 - Services Only: within 10 days of program entry
 - FHPAP/Prevention/Rapid Rehousing only: within 10 days of program entry
 - ALL PROGRAMS: All data must be entered and updated as required by funders. Data for each quarter must be entered, complete, and current by the 15th of the month following each quarter. (*April 15 for Q1; July 15 for Q2; October 15 for Q3; and January 15 for Q4*).
 - Included data elements that will be monitored are:
 - Universal data elements (HUD and MN required)
 - Entry/Exits
 - Services
 - Funder-required updates to assessment information (disabilities, income, non-cash benefits, residence, etc.) will continue to be required on the already established funder-required schedule.

Completeness

- Purpose is to ensure that MN and each CoC can accurately describe the clients and services provided to clients who are accessing services. A complete record also is important for reporting for the use of data in any community level reporting as well as for HUD required processes such as NOFA and AHAR which can affect funding for the CoC and its providers.
- Current Standard:
 - All clients receiving homeless, prevention, and outreach services have a record in HMIS
 - Goal of less than 5% of clients are anonymous
 - Exception for providers who must enter all clients anonymous such as domestic violence and legal services providers
 - Exception for outreach clients. Up to 10% of outreach clients may be entered anonymously.
 - Client choice in signing the consent form takes precedent and staff should not pressure clients into agreeing to have their information identifiable if the client does not wish to do so. However, high percentages of anonymous clients may indicate staff or agency understanding of the consent form process may need review and/or clarification.
 - All data entered into HMIS is complete (based on funder requirements)
 - Universal Data Elements: “Missing”, is less than 2% and “don’t know or refused” is less than 3% in any one field.
 - Exception for SS#. This may have up to 2% missing, and 8% don’t know, or refused.
 - Exception for providers who must enter all clients anonymously. All SS# will be listed as Refused. All other elements will be completed with up to 5% “don’t know or refused”.
 - Exception for Date of birth. Less than 1% of client records shall be missing date of birth. If client declines to give his/her DOB, an approximate DOB will be entered.
 - Program Specific Data Elements: “Missing”, is less than 2% and “don’t know or refused” is less than 3% in any one field
 - Bed Utilization rates: Emergency Shelters, Transitional Housing, and Permanent Supportive Housing programs and CoC Coordinators will review utilization rates quarterly using data in HMIS.
 - Wilder HMIS staff will send quarterly utilization reports to CoC Coordinators to review and pass on to programs. This process can help determine whether or not data is being completely entered. Low utilization or utilization over 100% can be a sign that data is not being entered or exited correctly. It can also indicate changes in programs, such as bed counts, that must be accurately counted.

Accuracy/Consistency

- Purpose: To ensure that data in HMIS is collected and entered in a common and consistent manner. To ensure that client information is truthful and accurate.

- *This section will likely roll out at a later time than the Timeliness and Completeness standards as we take additional time to plan and design the elements with a variety of groups including HMIS staff, funders, CoC Coordinators, agencies, and users.*

Data Quality Process/Monitoring

- Purpose: To ensure that the standards for timeliness, completeness, and accuracy are met and that data quality issues are identified and resolved.
- Current Standard:
 - Agencies and CoC Coordinators provide timely updates to CoC HMIS staff regarding any changes to programs.
 - Notify Wilder HMIS staff of program changes within 30 days of changes (new beds, closed program, etc.) by email hmis@wilder.org.
 - At the start of each quarter, HMIS will send a reminder email to CoC Coordinators about upcoming DQ report deadline.
 - CoC Coordinators will forward reminder email to their program providers/agencies.
 - HMIS will run quarterly data quality reports and bed utilization rate reports and will provide these reports to the CoC Coordinator/Funder/Grantee to review.
 - HMIS will send reports the above parties on the 22nd of the month, or next business day thereafter, following the end of each quarter. (January, April, July, October)
 - CoC Coordinators/Funders/Grantees will review the reports and request that program providers make any necessary changes to their data.
 - Program providers will review their data and make necessary corrections to meet the above data standards within two weeks.
 - Program providers/agencies can run program specific or agency wide reports to review their data and make corrections (See Data Quality Monitoring Plan Report Instructions for more details on running data quality reports.)
 - HMIS staff will assist providers in correcting data and updating program information as needed.

Incentives/Enforcement

- After the two week data correction deadline for the quarter, HMIS staff will run another set of data quality reports and submit them to the CoC Coordinators/Funders/Grantees. Wilder HMIS staff will provide a list of agencies that have not improved their data and/or still exceed the data quality error goals.
- HMIS staff will also provide a list of agencies that have not improved their data since the previous quarter, or who have had multiple quarters with insufficient progress.
- Wilder staff will supply twice a year progress charts (See Progress Chart below).
- Programs which are identified as having continued data quality issues will undergo the following process: (process still under review and subject to change)

- Program does not improve data quality over two consecutive quarters
 - CoC /funder/grantee contact agency
 - Wilder HMIS staff offers walkthrough support
- Program does not improve data quality over three consecutive quarters
 - CoC/Funder/Grantee contacts agency
 - Wilder HMIS staff identifies which users require additional training
 - License suspension until follow-up is possible
- Program does not improve data quality five quarters out of eight
 - CoC Coordinator/Funder/Grantee determine appropriate action
 - Lost points on CoC competition or similar consequence
 - Increased monitoring
 - Additional interventions as determined by CoC Coordinator/Funder/Grantee, Wilder Staff, and Agency Staff.
- Incentives to be determined

Progress Charts

- These charts will be provided semi-annually and may include the following information:

Name of Project and SPID	Project has no errors	Improved data during correction period	Missing data exceeds goal – including # of anonymous clients	Missing data but does not exceed goal	Number of quarters in the past two years without improvement
Sample project 1 (2479)		Yes	No	Yes	1
Sample project 2 (3549)		No	Yes	Yes	3
Sample project 3 (1157)	✓	N/A	No	No	0
Sample project 4 (621)		No	No	Yes	2

Oversight of Minnesota's HMIS

Composition of HMIS Governing Group

The Governing Group currently is a 26 member body, made up of the following:

- 13 representatives appointed by Continuum of Care regions in Minnesota.
- 1 representative of the Minnesota Coalition for the Homeless
- 1 representative of the Metro-wide Engagement on Shelter and Housing (MESH)
- 2 representatives from the state's Inter-Agency Task Force on Homelessness

- 1 representative from each of the following groups: youth, veterans, domestic violence, AIDS/HIV, homeless or formerly homeless (5 members total) Representative from first four groups (youth, veterans, domestic violence, and AIDS/HIV) may be a service-provider with expertise on the population, or a client member of the population. These members are nominated and elected by current members.
- 2 additional at large representatives, nominated and elected by current members.
- 2 representatives with expertise in the field of technology.³

Representatives shall be appointed for two year cycles.

Additional provisions

- A chairperson (or co-chairs or “officers”) will be elected from the membership serve as the main point of contact between the oversight body and project staff, and to set meeting agendas.
- Decisions will be made by consensus when possible, by majority vote when necessary. Proxy voting is allowed and encouraged if members are unable to attend meetings, but a quorum is not required for group meetings or decisions.
- Project staff will staff meetings and will not serve as voting members.
- Subcommittees shall be appointed as needed.

Governing Group roles and responsibilities

Budget and Financing

- Periodically reviews HMIS system budget
- Sets goals for user-based fees
- Assists with fundraising

System Policies

- Data element oversight (resolving the manner in which specific elements are collected when there is disagreement among users; approval of any questionable or controversial data elements)

³ Originally the Governing Group was a 25-member body. On August 28, 2006 the Governing Group passed a motion to include an additional technology representative.

- Development of standardized reports (resolving disagreements between regions, providers, etc. concerning standardized reporting)
- Approval of necessary forms
- Approval of agency participation
- Deciding on the appropriate system rights for participating agencies and staff
- Penalizing agencies that do not comply with system policies
- Hearing client grievances, and recommending appropriate remedy
- Approval of data requested by non-participants (e.g., academic researchers)
- Approval of requested narrative reports (special or first-time requests)

Current membership, including contact information, is available at www.hmismn.org.

Expectations for HMIS System Administrator

Providing an HMIS

As system administrator for Minnesota's HMIS, Wilder Research provides all of the necessary equipment, staff, and technology to operate and maintain the central site. This may be done directly or through contracts with outside vendors. Bowman Systems currently provides software (ServicePoint) and application service provider (ASP) services, including hosting and maintaining central servers, for Minnesota's HMIS.

In addition, system administrator will work with Continuum of Care Coordinators, participating agencies, end-users, vendors, and other HMIS stakeholders to ensure compliance with HMIS-related rules and standards enacted by the U.S. Department of Housing and Urban Development.⁴

⁴ HUD periodically updates data standards for HMIS, these standards currently include "Homeless Management Information System (HMIS) Data Standards: Revised Standards" Published in March 2010.

HMIS Governing Group

Wilder Research utilizes the HMIS Governing Group to provide general oversight and guidance to the project.

Training

Wilder Research provides ongoing training on the system, either directly or through agreements with others. Each user of the system is required to complete basic user training in order to begin using the system. Wilder Research may deliver on-site training in the event that an agency has a large number of staff to train, but generally will not deliver one to one training on-site without an additional contract for this service.

Right to Deny Access

Wilder Research retains the right, subject to the HMIS Governing Group's review, to suspend or revoke the access of any agency or individual to the system for consistent or egregious violation of Minnesota HMIS policies.

Availability of Project Staff

Wilder Research staff are available during normal business hours to respond to service requests from either the Agency Director or identified site contact person.

Notice of Planned Interruption in Service

Whenever possible, Wilder Research will notify participating agencies of planned interruptions to service at least 3 business days prior to the interruption.

HMIS Policy Considerations

Individual access and corrections to personal information maintained in HMIS

Agencies will respond to all data requests submitted by individual program participants served by that particular agency. Any requests received by an agency that the agency is unable to fulfill will be forwarded to Wilder Research.

Requests for inspection or copies of personal data or private information or by individual program participants shall be accommodated with no service charges or fees. Agency or Wilder may deny access to information that is legally protected due to current or pending legal activity. An agency or

program may deny inspection or copies of personal information if the individual program participant has requested the same data or information more than two times in a calendar year (unless substantive change have been made to the record – program participants may request another copy upon substantive change to their records).

Program participants may request amendments or corrections to their record. Any such requests shall be honored unless program staff have a justifiable reason for not making the change, including that the requested change would misrepresent client characteristics, service dates, or the like. Requests for changes that are not honored may be recorded under client case notes in the HMIS. Requests for multiple alterations in any calendar year may be denied due to administrative burden or harassment by the individual program participant (unless substantive change have been made to the record – program participants may request additional alterations following substantive changes to their records).

Any denial of a request for inspection or alterations by programs/agencies may be taken by the individual program participant to the Minnesota Coalition for the Homeless who shall bring the matter (in a confidential manner) before the HMIS Governing Group.

Grievance procedures for individual program participants

Users must permit clients to file a written complaint regarding the use or treatment of their information within Minnesota HMIS (an example grievance form is provided in the appendix). Clients may file a written complaint with either the Agency/program or with the Wilder Research. Clients may not be retaliated against for filing a complaint. Clients unsatisfied with agency- or administrator-level grievances are free to file a grievance to the HMIS Governing Group (mail to: Minnesota Coalition for the Homeless, in care of “HMIS Grievance,” 122 West Franklin Avenue, Suite 306, Minneapolis, MN 55404).

A written response must be prepared by either the party receiving the grievance (Agency/program, Wilder Research), or the Governing Group.

Clients also may choose to pursue complaints through the legal system.

All agencies are encouraged to complete Data Privacy and Protection training

The HMIS Governing Group encourages all participating agencies or programs to routinely train their personnel on best practices in data privacy and protection. Data privacy is emphasized in HMIS training sessions, but more general training on this topic is encouraged.

Ensuring Data Accuracy

Agencies are responsible for the accuracy of the data they enter into the HMIS. Agencies are strongly encouraged to run reports on a monthly or weekly basis to check data and consult with Wilder Research to correct any problems.

Wilder Research shall regularly check data quality in Minnesota's HMIS. Agencies, or particular end-users, that make repeated errors may be required to attend more training, or may be barred from using HMIS if they are unwilling to improve data entry practices.

If Wilder Research or a funding entity that requires HMIS participation determines that an agency has committed fraudulent activity in the submission or alteration of data, the violation shall be brought before the HMIS Governing Group who shall determine a response after the agency or program has had an opportunity to respond to the allegation or information. The HMIS Governing Group has the authority to take ameliorating action or expel an offending agency from Minnesota's HMIS.

Third party access to data

No request for private, personal information about an individual program participant from a third party or entity shall be honored unless the request is legally binding and complies with the policy for research uses of HMIS data (see appendix).

All requests for system-wide aggregate data or information shall be forwarded to Wilder Research. Wilder Research may charge a reasonable recovery fee.

Appendix

Glossary

Goals of HMIS In Minnesota

*Sample HMIS grievance procedure form **

*User policy, responsibility statement & code of ethics **

*Client data privacy notice and consent form **

*Client release of information form **

*Policy for Research uses of HMIS data**

** For the most recent version of forms, see: <http://www.hmismn.org/>*

Glossary

AHAR – Annual Homeless Assessment Report. A national report produced by HUD that uses HMIS data.

CoC – Continuum of Care. Geographically designated groups that annually file a joint application to HUD for homeless funding. CoCs also work together to develop plans, policies, and initiatives related to homelessness.

DHS – Minnesota Department of Human Services.

End User – Any person in an agency in possession of a valid user license who directly accesses the HMIS.

HIPAA – Health Insurance Portability and Accountability Act. A federal law that applies to the data practices of agencies that provide medical and medically-related services.

HMIS – Homeless Management Information System

HUD – United States Department of Housing and Urban Development

MHFA – Minnesota Housing Finance Agency, also referred to as Minnesota Housing.

McKinney-Vento Act – Federal law that allows for funding for HMIS and Housing and Supportive Service programs which serve individuals who are homeless

ServicePoint – The software behind Minnesota's HMIS. An internet-based client information management system developed by Bowman Systems, LLC.

Goals of HMIS in Minnesota

In the Spring of 2002 Minnesota Housing Finance Agency convened an open meeting on HMIS that included an in-depth brainstorming session on what the state wants out of our HMIS. The following summary was later adopted by the HMIS Implementation Group as the vision for Minnesota's HMIS.

Overall vision and goal

Minnesota's Homeless Management Information System will provide standardized and timely information to improve access to housing and services and strengthen our efforts to end homelessness.

Goals from the perspective of those experiencing homelessness:

Minnesota's Homeless Management Information System will:

- Help us find and access shelter and housing—quickly and accurately
- Help us identify other services for which we are eligible
- Protect the privacy of our personal data, and strip away personally-identifying information as soon as possible
- Improve the accessibility to housing and services for those who do not speak English and those who have disabilities
- Get the job done with the minimum number of questions
- Eliminate the need for us to repeatedly give the same information to service providers
- Enhance the effectiveness of our working relationships with case workers and others who may be accessing the system
- Include protections against using the system's data to deny service, or to abuse civil rights
- Provide us with a printout of our personal data upon request
- Gather data that demonstrates our needs to others—hopefully resulting in improved housing and services
- **In sum, improve access to shelter, housing, and services**

Goals from the service provider perspective:

Minnesota's Homeless Management Information System will:

- Be user friendly, and include adequate training and available help for users
- Easily provide accurate agency-level data, including client demographics, needs, and trends over time
- Cost little
- Be useful for us even if we do not have computers or much technical capacity
- Cover our reporting requirements
- Protect our clients' confidentiality—and us from liability
- **In sum, provide an affordable, user-friendly tool to accurately track client service usage.**

Goals from the continuum of care perspective:

Minnesota's Homeless Management Information System will:

- Provide accurate regional data on demands, migration, capacity, and gaps
- Easily summarize data for the continuum of care
- Include as many providers as possible
- Be affordable and adequately staffed
- **In sum, strengthen continuum of care planning by providing improved data on demands, migration, capacity, and gaps.**

Goals from the state agency perspective:

Minnesota's Homeless Management Information System will

- Interface with (or replace) state data systems
- Produce state and federal reports
- Improve service delivery to clients
- Provide improved, standardized, and timely statewide data for planning
- Provide a good return on the investment
- Help identify gaps in mainstream resources and the barriers that those experiencing homelessness face when trying to access these goals
- **In sum, help coordinate statewide data collection to improve public policy.**

Minnesota's HMIS: grievance procedure form

If you believe that you have not received the assistance you desire concerning your personal or private data held in Minnesota's HMIS, please send a written complaint to:

1. Your Agency
2. Wilder Research
c/o HMIS Administrator , Attention: Grievance
451 Lexington Parkway North
St. Paul, MN 55104

This Agency and Wilder Research are prohibited from retaliating against you for filing a complaint. Your information and complaint will be kept confidential! This Agency and Wilder are required by law to maintain the privacy of your protected personal information and to provide you with a grievance procedure.

If you believe your grievance has not been sufficiently resolved by either your agency or the Wilder Research you may make a complaint to:

3. Minnesota Coalition for the Homeless 612-870-7073
Attention: HMIS Grievance
2233 University Avenue West, Suite 434 St. Paul, MN 55114.

The Coalition will bring your complaint to Minnesota's HMIS advisory group, which will attempt a voluntary resolution of the complaint.

Please note that the Minnesota Coalition for the Homeless is available to help if you would like assistance filling out this form. Also note that the Coalition does *not* directly provide legal services.

GRIEVANCE FORM

NAME: _____ DATE: _____

ADDRESS: _____ Phone Number: _____

Complaint:

User Policy, responsibility statement, & code of ethics

Minnesota's HMIS User Policy, Responsibility Statement & Code of Ethics

For: _____ from: _____
User (print name) (print Agency Name)

USER POLICY

Partner Agencies who use Minnesota's HMIS and each User within any Partner Agency is bound by various restrictions regarding the Client information.

It is a **Client's** decision about which information, if any, is entered into Minnesota's HMIS and whether that information is to be shared and with any Partner Agencies. If your agency is covered by HIPAA or 42 CFR Part 2 (federally-defined treatment facility), it is also Client's decision about whether Wilder may use information for research purposes. The appropriate **Minnesota's HMIS Client Informed Consent and Release of Information Authorization** shall be signed by Client before any Client information is designated for sharing with any Partner Agencies, or, in the case of HIPAA covered entities, authorized for research use. User shall insure that prior to obtaining Client's signature, the Agency's Notice of Uses and Disclosures was fully reviewed with Client in a manner to insure that Client fully understood the information (e.g. securing a translator if necessary).

USER RESPONSIBILITY

A User ID and Password give a user access to the Minnesota HMIS system. **User must initial each item below** to indicate User's understanding and acceptance of the proper use of User's ID and password. Failure to uphold the confidentiality standards set forth below is grounds for immediate termination from Minnesota's HMIS.

_____	My User ID and Password are for my use only and must not be shared with anyone (except the Minnesota's HMIS system administrator (Wilder) and Agency's HMIS administrator or executive director). I must take all reasonable means to keep my Password physically secure.
_____	I understand that the only individuals who can view information in Minnesota's HMIS are authorized users who need the information for legitimate business purposes of this Agency and the Clients to whom the information pertains.
_____	I may only view, obtain, disclose, or use the database information that is necessary to perform my job.
_____	If I am logged into Minnesota's HMIS and must leave the work area where the computer is located, I must log-off before leaving the work area.
_____	A computer that has Minnesota's HMIS open and running shall never be left unattended.
_____	Any hard copies of personally identifiable (client-level) information printed from Minnesota's HMIS must be kept in a secure file, and destroyed when no longer needed.
_____	If I notice or suspect a security breach, I must immediately notify the executive director of the Agency and the System Administrator for Minnesota's HMIS (Wilder Research at 651-647-4600).

USER CODE OF ETHICS

- A. Users must be prepared to answer client questions regarding Minnesota's HMIS.
- B. Users must faithfully respect client preferences with regard to the entry and sharing of client information within Minnesota's HMIS. Users must accurately record Client's preferences by making the proper designations as to sharing of Client information and/or any restrictions on the sharing of Client information.
- C. Users must allow client to change his or her information sharing preferences at the client's request.
- D. Users must not decline services to a client or potential client if that person (i) refuses to allow entry of information into Minnesota's HMIS (except if that policy is over-ridden by agency policy); or (ii.) refuses to share his or her personal information with other service providers via Minnesota's HMIS.
- E. The User has primary responsibility for information entered by the User. Information Users enter must be truthful, accurate and complete to the best of User's knowledge.
- F. Users will not solicit from or enter information about clients into Minnesota's HMIS unless the information is required for a legitimate business purpose such as to provide services to the client.
- G. Users will not alter or override information entered by another Agency.
- H. Users will not include profanity or offensive language in Minnesota's HMIS; nor will Users use Minnesota's HMIS database for any violation of any law, to defraud any entity or conduct any illegal activity.
- I. Upon client request users must allow a client to inspect and obtain a copy of the client's own information maintained within Minnesota's HMIS. Information compiled in reasonable anticipation of or for use in a civil, criminal or administrative action or proceeding need not be provided to Client.
- J. Users must permit Clients to file a written complaint regarding the use or treatment of their information within Minnesota's HMIS. Client may file a written complaint with either the Agency or Wilder Research (c/o HMIS Admin, 1295 Bandana Blvd, No., Suite 210, St. Paul, MN 55108). If not satisfied, clients may file a complaint with the HMIS advisory body via the Minnesota Coalition for the Homeless. Clients may *not* be retaliated against for filing complaints.

I understand and agree to comply with all the statements listed above.

User signature
Preferred ServicePoint Login (username): _____
Contact Information
Work phone: _____ e-mail address: _____

Date

Witness signature (MHP or WRC)
Date

WRC/MHP

User's access level (circle): Case Worker Agency Admin Other: _____
(if multiple "providers" in agency)
User's home provider: _____
Other providers this user may enter data as: _____

Client Data Privacy Notice and Consent Form, and Release of Information Form (with instructions to agency)

Instructions

PLEASE READ BEFORE USING CONSENT FORMS

****THIS PAGE NOT MEANT FOR DISTRIBUTION TO CLIENTS****

These forms were developed based on federal rules governing Homeless Management Information Systems (Federal Register, Vol. 69, No. 146, July 30, 2004), and additional guidance from Minnesota's HMIS Governing Group.

How to use the HMIS consent forms and notices

- 1. Minnesota's HMIS: Data Privacy Notice & Consent Form** should be given to all adult clients or single unaccompanied youth. Parents can give consent for their children. Clients who do not sign the form should be entered only using ServicePoint's "Enter as Anonymous" feature. Drop-in shelters, street outreach programs, and telephone-only services may substitute a brief verbal notice and consent for use of this form.
- 2. Minnesota's HMIS: Release of Information** is *only* for agencies that would like to provide their clients with the option of sharing data with other service-providing agencies that use Minnesota's HMIS. **This page is not necessary for DV agencies, Youth agencies, HIV/AIDS agencies, HIPAA-covered agencies, and others that do not intend to share data.** If using the form, please be sure to include a list of up to ten agencies with whom you would like to share data in the space provided, and communicate these "closed exemption" agencies to Wilder Research (hmis@wilder.org). Note that we are not allowing a share with all ServicePoint agencies option.
- 3. Minnesota's HMIS: Posted Data Privacy Notice** is not intended for distribution to clients. Please post this sign in an area viewable by clients.

Note that throughout the forms the phrase "this agency" can be replaced with the actual name of your agency. This document can be further modified and/or incorporated into an agency's existing data privacy forms and notices, but modifications should only be made in consultation with legal counsel.

Also note that **these forms apply only to data maintained in Minnesota's HMIS**. They are NOT meant to serve as an agency's complete privacy policy or sole consent forms. The following situations, for example, require some additional privacy-related provisions for your clients:

- Agencies covered by Minnesota's Government Data Practices Act**, need to provide clients with a Tennesen warning that lists the specific governmental agencies that fund the programs and, therefore, may view client data (e.g., Minnesota Department of Human Services, Minnesota Housing Finance Agency, U.S. Department of Housing and Urban Development). Consult your funder and see the Minnesota Department of Administration's Information Policy Analysis Division (<http://www.ipad.state.mn.us/>) for further information.
- HIPAA covered agencies:** The federal government's "Health Insurance Portability and Accountability Act" (for more info, see <http://www.hhs.gov/ocr/hipaa/>) supersedes federal HMIS regulations. By law, these agencies are not required to provide clients with "Minnesota's HMIS: Data Privacy Notice & Consent Form," but they are encouraged to do so, since the form provides information about the system. In addition, **HIPAA covered agencies need to provide clients with an opportunity to opt-out of including their data in research**. A check-box such as the following should be added somewhere to either the HMIS Notice & Consent forms, or the agency's forms:

Consent for research uses of information in Minnesota's HMIS. Please check (✓) one:

☐

Yes, include in research. I understand that information about me that is in Minnesota's HMIS may be used by Wilder Research to conduct research related to homelessness and housing programs, service needs, income supports, education and employment, and program effectiveness. My name, social security number or other information that would identify me personally will **never** appear on a research report.

☐

No, do not include in research. I do not want my information used for research purposes.

- HUD-Funded agencies** need to explicitly list HUD as having rights to view client data entered into Minnesota's HMIS. Please replace the second bullet under "who can see information entered into HMIS?" (currently "Auditors or others who have legal rights

to review the work of this agency”) with, “Auditors or others who have legal rights to review the work of this agency, including the U.S. Department of Housing and Urban Development.”

Minnesota's HMIS: Data Privacy Notice & Consent Form

What is Minnesota's HMIS?

HMIS stands for Homeless Management Information System. It is a computer system used by this agency and other agencies that provide services.

Why is information collected in Minnesota's HMIS?

- To help us keep track of how many people we serve and the types of people we serve – both as an agency and as a network of service providers.
- To help us understand the types of services people need and plan for services to meet these needs.

Who can see information entered into Minnesota's HMIS?

- People who work in this agency who need to see your information to help provide services to you or your family, or for billing or funding purposes.
- Auditors or others who have legal rights to review the work of this agency.
- Some employees of Wilder Research (in St. Paul). Wilder maintains Minnesota's HMIS and may see your information as a part of managing the system.
- People using HMIS data to do research. This includes employees of Wilder Research and other people who sign agreements with Wilder or this agency. Your name, social security number, or other information that would identify you will **never** appear on research reports.
- If you or members of your family are in need of protective services because of abuse, neglect, or domestic violence, this agency may be required to file a report with a governmental agency.
- Others, as the law requires. That would include officials with a subpoena, warrant, or court order.
- Your information also may be released if needed to protect the health or safety of others or yourself.

We need your written permission to release your data for other uses.

Know Your Rights:

- **Tell the intake worker if you do not want your name, social security number, or exact date of birth entered in HMIS.** This agency will **not** refuse to help you because you tell us you do not want information that identifies you entered into HMIS.
- You have the right to a copy of the information about you that is kept in Minnesota's HMIS for as long as it is kept there (except for information that may be kept from you in certain legal proceedings).
- You have the right to correct mistakes if HMIS information is wrong or incomplete.
- You have the right to complain if you believe that this agency or Minnesota's HMIS violated your privacy rights. You can ask a staff person for a complaint and appeals form or write to Minnesota Coalition for the Homeless, HMIS Grievance, 122 West Franklin Avenue, Suite 306, Minneapolis, MN 55404.

Signed consent

For: _____
Print complete name (First, Middle, Last) Birth date

By signing this you are giving us your permission to enter your personal information into Minnesota's HMIS. You do not have to sign this form to receive services from this agency.

SIGNATURE OF CLIENT OR GUARDIAN

DATE

Signature of witness

Date

Minnesota's HMIS: Release of Information

For: _____
Print complete name (First, Middle, Last) Birth date

With your permission this agency can share information that it enters into HMIS with other agencies. Sharing allows other service providers to look up information about you in Minnesota's HMIS if you go to them for help. Sharing this information may help the other agencies serve you better.

Please check (✓) a box:

- ☐ **DO NOT SHARE:** I do **not** want **any** of the information about me in Minnesota's HMIS shared with any other service providers. *(Data security = Closed)*
- ☐ **SHARE:** This agency may share my name, date of birth, race, ethnicity, Social Security Number, and the same information from any other members of my family who are being served with me at this time.
(Data security = Closed with exceptions)

If you checked **SHARE**, please check (✓) the agencies that you would like to share with:

<input type="checkbox"/> Share with all agencies listed below	
<input type="checkbox"/> <u><Agencies should use this space to></u>	<input type="checkbox"/> <u>[Please communicate this list to]</u>
<input type="checkbox"/> <u><fill in names of up to 10 other programs></u>	<input type="checkbox"/> <u>[Wilder: hmis@wilder.org].]</u>
<input type="checkbox"/> <u><that use ServicePoint, and are most></u>	<input type="checkbox"/> <u>[subject line: potential exceptions list]</u>
<input type="checkbox"/> <u><likely to have some of the same clients></u>	<input type="checkbox"/> <u>[see www.hmismn.org/agencies/]</u>
<input type="checkbox"/> <u><or receive referrals from this agency></u>	<input type="checkbox"/> <u>[for a current list of HMIS agencies]</u>

If you checked **SHARE**, please check (✓) if we should let these agencies see information about...

- | | |
|--|--|
| <input type="radio"/> Services you receive | <input type="radio"/> Educational background |
| <input type="radio"/> Your income and income sources | <input type="radio"/> Employment status |
| <input type="radio"/> If you are homeless or not | <input type="radio"/> Military history |
| <input type="radio"/> Reasons for seeking services | <input type="radio"/> Other: _____ |
| <input type="radio"/> Living situation and housing history | <input type="radio"/> Other: _____ |

When you sign this form it shows that you understand:

- We will **not** deny you help if you do not want your personal information shared.
- If you want us to share your data, this consent will expire in 1 year.
- If you want us to share your data, you may change your mind and cancel this consent at any time.
- Even if you check "do not share" your information in HMIS may still be seen by the people listed on Minnesota's HMIS Data Privacy Notice, and any others listed on this agency's privacy statements.

SIGNATURE OF CLIENT OR GUARDIAN DATE

Signature of agency witness Date

Minnesota's HMIS: Posted Data Privacy Notice

We collect personal information about the people we serve in a computer system used by many social service agencies called Minnesota's HMIS (Homeless Management Information System).

Personal information that we collect is important to run our programs and to help us improve services. Also, we are required to collect some personal information by law or by organizations that give us money to operate this program. We only collect information that we consider to be appropriate.

You do not have to give us information. However, if you do not give us the information, we may not be able to determine whether we can help you, or get help for you from other agencies.

You have a right to review the personal information that we have about you and ask us to correct any mistakes you may find. You have a right to file a complaint with this agency or others if you feel that your data privacy rights have been violated.

Please ask our staff if you have any questions, or if you would like a grievance form or a complete copy of our privacy policy.

Minnesota's HMIS Policy for Research uses of HMIS data⁵

1. **Discuss project with HMIS staff**, including identifying the way that the least amount of identifiable data can change hands. If the requestor's research/evaluation questions can be answered without transferring identified data to the requestor, step 3 is not necessary.
2. **Work plan and budget agreed to.** Data and related reporting generally cannot be provided without proper compensation for staff time and other resources.
3. **Requestor provides a written request outlining uses of data, including research questions, and procedures for protecting data** (including assurances that data will be destroyed after use, and that the data will not be re-used for purposes beyond those outlined in the request).
 - a. Wilder notifies HMIS Governing Group that a request has been received.
 - b. Requestor or Wilder informs or obtains consent from HMIS participating agencies and/or individual clients as necessary/depending on nature of project.
 - c. Requestor clears the project with outside Institutional Review Boards (IRBs) as necessary/depending on nature of project.
 - d. Requestor clears the project with Wilder's Research Review committee for approval or denial. [Note: This committee meets quarterly, but sometimes is able to address requests via a virtual meeting between planned meetings.]
 - e. Wilder notifies Governing Group of whether the project is moving ahead.
 - f. At any time throughout the process Wilder reserves the right to consult with the Governing Group (including a subcommittee thereof) for purposes of providing advice to Wilder and the requestor on any issues that may arise from the project, and to more fully inform the group. The Governing Group may pass motions regarding the project, but those motions technically are not legally binding. Any members with a conflict of interest (e.g., those requesting data themselves or working directly with the requestor) should recuse themselves from votes taken on the project in question.
4. **After the analysis findings from the project are provided to Governing Group via Wilder Research.** The format of this report depends on the nature of the project.

⁵ Developed by Wilder Research in consultation with HMIS Governing Group and its ad-hoc Policy Subcommittee. Accepted by Governing Group on July 15, 2010.

No PHA's or HRA's had Homeless Preferences. The CoC will be meeting with each in FY 2016 to encourage and support the encouragement of establishing a homeless preference.

**MEMORANDUM OF UNDERSTANDING for
HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS) LEAD AGENCY**

between
Northwest Minnesota Continuum of Care (CoC)
and
Amherst H. Wilder Foundation (Wilder)

1. Purpose

This Memorandum of Understanding is intended to signify agreement between the Northwest Continuum of Care and Amherst H. Wilder Foundation in its role as the lead HMIS Agency as to the roles and responsibilities of each party.

The Northwest CoC has established a HMIS to record and store client-level information about the numbers, characteristics, and needs of persons who use homeless housing and supportive services and for persons at risk of homelessness who receive assistance. Ten CoCs in Minnesota (MN) jointly agree to operate a statewide HMIS and to provide HMIS oversight through an HMIS Governing Group.

HMIS is used to aggregate data about the extent and nature of homelessness over time; produce an unduplicated count of homeless persons; understand patterns of service use; and measure the effectiveness of homeless assistance projects and programs. Data produced are used for planning, education and reporting to funders.

PLEASE NOTE:

There are several significant HMIS planning efforts taking place as this MOU is being drafted. Recommendations arising from these initiatives are likely to lead to significant changes to the system that enable and support greater CoC compliance with HEARTH Act requirements and expectations. As the HMIS is modified to provide greater CoC administrative access for purposes of monitoring and reporting on provider and system-level performance, the roles and responsibilities described herein shall be revised accordingly.

2. Designations

- a. HMIS Software - The CoC designates the Bowman Systems' ServicePoint (SP) as the primary technical solution for Minnesota's HMIS.
- b. HMIS Lead - The CoC designates Wilder Research, a division of the Amherst H. Wilder Foundation, as the official statewide MN HMIS lead for the CoC's geographic area.

3. Responsibilities of CoC

- a. Designating a single information system as the official HMIS software for the geographic area.
- b. Designating a HMIS Lead to operate the system.
- c. Providing for governance of the HMIS Lead, including:

- i. The requirement that the HMIS Lead enter into written HMIS Participation Agreements with each Contributing HMIS Organization (hereinafter referred to as "CHO") requiring the CHO to comply with federal regulations regarding HMIS
 - ii. Holding CHOs responsible for failure to comply with regulations, including imposing sanctions; and
 - iii. The participation fee, if any, charged by the HMIS;
- d. Maintaining documentation of compliance with federal regulations and with the MOU; and
- e. Reviewing, revising, and approving the HMIS policies, privacy and security plan, and data quality plan for the HMIS as required by federal regulation.
- f. Develop and implement a plan for monitoring the HMIS to ensure that:
 - i. CHO consistently participate in HMIS;
 - ii. HMIS is satisfying the requirements of all regulations and notices issued by HUD;
 - iii. The HMIS Lead is fulfilling the obligations outlined in its HMIS Governance Charter and Agreement with the CoC, including the obligation to enter into written participation agreements with each contributing CHO
- b. Oversee and monitor HMIS data collection and production of the following reports:
 - i. Sheltered point-in-time count;
 - ii. Housing Inventory Chart;
 - iii. Annual Homeless Assessment Report (AHAR); and
 - iv. Annual Performance Reports (APRs).

4. Responsibilities of the HMIS Lead:

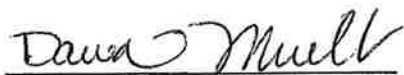
- a. Facilitating, monitoring, and reporting to CoC the participation of all agencies submitting data to HMIS and ensuring compliance with federal HMIS requirements;
- b. Implementation of and compliance with written HMIS policies and procedures as approved by the statewide governance committee and in accordance with § 580.31 for all CHOs;
- c. Executing a written HMIS Participation Agreement with each CHO as they start participating, which includes the obligations and authority of the HMIS Lead and CHO, the requirements of the security plan and privacy policy with which the CHO must abide, sanctions for violating the HMIS Participation Agreement, and an agreement that the HMIS Lead and the CHO will process Protected Identifying Information consistent with the agreement;
- d. Serving as the applicant to the US Department of Housing and Urban Development (HUD) for CoC grant funds to be used for HMIS activities for the CoC's geographic area, as directed by the CoC in consultation with the statewide Governance committee, and entering into grant agreements with HUD to carry out the HUD-approved HMIS activities;
- e. Monitoring data quality and taking necessary actions to maintain input of high-quality data from all CHOs;
- f. The HMIS Lead must implement a security plan, an updated data quality plan, and a privacy policy to the CoC on a timeline agreed on by the CoC, HMIS Governing Group and HMIS Lead after the effective date of the HUD final rule establishing the requirements of these plans. The HMIS Lead, in conjunction with the HMIS Governing Group and CoC, must review and update the plans and policy at least annually. During this process, the HMIS Lead must seek and incorporate feedback from the CoC and CHO.

5. Duties of the HMIS Lead

- a. CoC HMIS Policies and Procedures - The HMIS Lead must adopt written policies and procedures for the operation of the HMIS that apply to the HMIS Lead, its CHOs, and the CoC. These policies and procedures will be developed with the HMIS Governing Group.
- b. Unduplicated Count - The HMIS Lead must, at least once annually, or upon request from HUD, submit to the CoC an unduplicated count of clients served and an analysis of unduplicated counts, when requested by HUD.
- c. Reporting - The HMIS Lead shall submit reports to HUD as required by HUD.
- d. Privacy - The HMIS Lead must implement a privacy policy which is developed by HMIS Governing Group.
- e. HMIS Standards - The HMIS Lead, in contracting an HMIS vendor, must require the HMIS vendor and the software to comply with HMIS standards issued by HUD as part of its contract.
- f. Participation Fee - The HMIS Lead may charge a participation fee for CHOs. The participation/user fee shall be reviewed and approved annually by the CoC and HMIS Governing Group.

6. Responsibilities of the HMIS Governing Group

- a. Developing HMIS policies and procedures. These policies and procedures must comply with all applicable Federal law and regulations, and applicable state or local governmental requirements. The HMIS Lead may not establish local standards for any CHO that contradicts, undermines, or interferes with the implementation of the HMIS standards as prescribed in b. Privacy
- b. Developing a data privacy policy. At a minimum, the privacy policy must include data collection limitations; purpose and use limitations; allowable uses and disclosures; openness description; access and correction standards; accountability standards; protections for victims of domestic violence, dating violence, sexual assault, and stalking; and such additional information and standards as may be established by HUD in notice. Every organization with access to protected identifying information must implement procedures to ensure and monitor its compliance with applicable agreements and the requirements of this part, including enforcement of sanctions for noncompliance.
- c. Overseeing and monitoring HMIS funding management and performance.
- d. Providing directions and guidelines on HMIS practices.



Wilder Foundation Staff



CoC Staff

WRITTEN STANDARDS FOR THE ADMINISTRATION OF COC AND ESG ASSISTANCE

Northwest Minnesota Continuum of Care

Guiding Strategies

The CoC has established the following strategies for the use of ESG and CoC funds. Funds will be used to:

- Support Continuum of Care, Heading Home, Opening Doors, and MN Consolidated Plans.
- Foster greater and rapid access to permanent housing, including implementing Housing First, client choice and barrier free principals.
- Support stabilizing households in permanent housing once housed, utilizing harm reduction principals, linkage to mainstream resources, creative client engagement, and individualized case plans based on evidence based assessments (identifying needs, strengths, and barriers).
- Support Coordinated Entry, helping to develop a fair, rapid, coordinated, evidence based, and transparent homeless response system.
- Leverage existing resources to achieve the match and case management requirements and to avoid duplication of services.
- Support federal, regional and local goals for priority populations, including but not limited to veterans, persons with disabilities, families and others.
- Allow for updates in priorities that respond to the changes needs and resources in the CoC.
- Comply with eligibility and verification requirements and locally established standards (HMIS, HUD, housing status, habitability standards, homeless definitions, etc.).
- Gather data vital to federal, state and regional planning and evaluation and effective use of scarce resources.
- Assure compliance with Federal and state funding requirements and goals.

Program Overview

The CoC and ESG Programs are targeted to persons who “without” these programs would become or remain homeless. The programs should provide the least amount of assistance to effectively house and stabilize households, neither over nor under serving persons. Both CoC and ESG may serve singles, youth, and families who are experiencing homelessness and need to be quickly re-housed and stabilized.

1. **Emergency Solutions Grant (ESG)** is focused on housing and services for homeless and at-risk of homelessness. The program will provide temporary financial assistance, housing relocation, and stabilization services to individuals and families who are homeless, or would be homeless but for this assistance.
2. **Continuum of Care (CoC)** is focused on housing and services for literally homeless or persons fleeing abusive situations. The program will provide short-term (RRH) to permanent (PSH) housing and stabilization services to singles, families, and unaccompanied youth, who would remain homeless but for this assistance.

Region-wide Policies

1. Homeless Management of Information System Participation and Reporting

- a) ESG and CoC recipients must assure compliance with all HUD record-keeping provisions, including use of the HMIS. HUD requires that ESG and CoC recipients and providers enter client-level data into an HMIS.
- b) Programs are required to keep a record of all clients that are screened and classified as ineligible. Recordkeeping and reporting requirements state that for each individual and family determined ineligible to receive assistance, the record must include documentation of the reason for that determination.
- c) Programs required to participate in HMIS shall enter into a HMIS agreement and other data collection, sharing or reporting agreements as required by HUD, the HMIS administrator, or the CoC.

2. Funding Obligations

- a. Non-Duplication of funding: Funding from multiple ESG or CoC sources may not be used to duplicate services to a project or person.
- b. Match and leverage: Recipients are responsible for assuring the provision of required leverage and match resources. Funded organizations are required to report the sources of match and leverage annually. These resources are verified through annual review.
- c. Gage expenditures: Agencies shall run quarterly expenditure reports to assure project spending is on target -not over spent, leaving a gap in service OR underspent-leaving money on the table.

3. Determining & Prioritizing Resources

All ESG and CoC funded Transitional, Rapid-Rehousing and Permanent Supportive programs must adhere to the following criteria for determining eligibility and prioritizing resources. Programs are required to determine and document eligibility and priority status. Often third party supporting documentation is required. Verification and documentation requirements can be found on the CoC website. While some programs do not have specific income or homeless verification criteria, the CoC requires that ALL participants must have not appropriate subsequent housing options and lack sufficient resources and support networks to obtain or retain housing.

- a. Homeless Status Eligibility:
 - i. Emergency Shelter
 - ii. Transitional Housing
 - 1. State
 - 2. HUD
 - iii. Rapid-Rehousing-Available for persons who are homeless according to Category 1 of HUD's definition of homeless.
 - iv. Permanent Supportive Housing
 - 1. HUD PSH- Available for persons who are homeless according to Category 1 & 4 of HUD's definition of homeless.
 - 2. State LTH Vouchers-

3. HUD Chronic- Available for persons who are homeless according to Category 1 of HUD's definition of homeless AND must have 1 year or 4 distinct episodes of homelessness in the past 3 years AND have a verifiable disability.
- b. Homeless Prevention Criteria: Prevention services are only available to the extent that it is necessary to help participants regain stability in their current housing or move into other permanent housing and achieve stability there.
- c. Chronic homeless prioritization policy: While the North West MN Continuum of Care feels all persons who become homeless need and deserve a home, the continuum feels priority should be given to those individuals who are both homeless and disabled, as they are at greatest risk for remaining homeless. When possible, all homeless providers, particularly those providing Permanent Supportive Housing, should give preference to persons who are at greatest risk.

This should be accomplished by:

- 1) Establish and maintain preference criteria in the regional Coordinated Assessment System that gives waitlist priority to persons/households who are both homeless and disabled and who meet the Chronic Homeless and/or Long-term Homeless Definition.
 - 2) Include weighted priority in the system barriers assessment to give preference to persons/households who are both homeless and disabled and who meet the Chronic Homeless and/or Long-term Homeless Definition.
 - 3) Prioritize the development and renewal of permanent supportive housing projects when issuing certificates of consistency and when ranking grant applications.
 - 4) Evaluate programs for how well they serve persons who are both homeless and disabled, addressing any barriers that are preventing this population from being served.
 - 5) All PSH programs receiving CoC funding shall be required to edit eligibility guidelines to give preference to persons/households who are both homeless and disabled and who meet the Chronic Homeless and/or Long-term Homeless Definition. Note, preference does not mean limiting beds to Chronic Homeless or Long-term Homeless, only priority as beds become available.
 - 6) As part of Coordinated Assessment, develop an outreach plan that includes increasing access for persons who are Chronic and Long-term Homeless. Outreach includes making a concerted effort to reach persons who meet the CH and LTH definition, particularly those who are literally homeless.
- d. Veterans Preference: Veteran households will be given preference for homeless supportive housing units, with all other eligibility and preference criteria being equal.
 - e. Other program eligibility:
 - f. Income Eligibility-
 - i. Prevention
 - ii. Emergency Shelter-none
 - iii. Transitional Housing

- iv. Rapid-Rehousing-none
- v. Permanent Supportive Housing
 - 1. HUD PSH
 - 2. State LTH Vouchers
- vi. Recertification
 - 1. RRH- 30 and 365 Day Re-certifications includes determination that the household is: 1). below 30% AMI. 2). Remains at-risk of homelessness 3). Lacks the financial resources and support networks needed to remain in their housing
 - 2. TH- 30 and 365 Day Re-certifications includes determination that the household is: 1). below 30% AMI. 2). Remains at-risk of homelessness 3). Lacks the financial resources and support networks needed to remain in their housing
 - 3. PSH Annual Re-certifications for Prevention includes determination that the household: 1) Remains at-risk of homelessness and 2) Lacks the financial resources and support networks needed to remain in their housing
 - 4. CH PSH Annual Re-certifications for Prevention includes determination that the household: 1) Remains at-risk of homelessness; 2) Lacks the financial resources and support networks needed to remain in their housing; and 3) continues to qualify for disability status.
- g. HUD Chronic Homeless A person who is “chronically homeless” is an unaccompanied homeless individual with a disabling condition
 - who has either been continuously homeless for a year or more,
 - OR has had a least four (4) episodes of homelessness in the past three (3) years.

In order to be considered chronically homeless, a person must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency homeless shelter.
- h. Disabling condition is defined as: a Diagnosable substance use disorder - Serious mental illness, - Developmental disability, Or chronic physical illness - Or disability including the co-occurrence of two or more of these conditions. A disabling condition limits an individual’s ability to work or perform one or more activities of daily living.

4. Coordinated Entry

- a. No side doors: All CoC and ESG beds must be filled through the Northwest CoC Coordinated Entry System (CES) approved process.
- b. Uniform process: Programs must utilize the approved CES tools, prioritization and referral processes to assure process is fair, consistent and transparent for all persons.
- c. Assessments:
 - i. Diversion: Households seeking assistance will first be assessed for diversion to mainstream services prior to entry into the homeless response system utilizing the CoC Triage Assessment.

- ii. Prevention: If the Triage Assessment determines light assistance is needed to resolve the households housing crisis, the CoC Prevention Screen is completed to prioritize for prevention assistance.
- iii. Homeless Housing: If the previous assessments determine mainstream or prevention services will not prevent or end the households homelessness, a Housing Crisis Assessment is completed (utilizing the VI-SPDAT tools) to determine the most appropriate linkage to homeless dedicated program beds. Households are then prioritized according to score, eligibility and CoC preference.
- d. Denials: Denials of services must be limited to ineligibility and conflict of interest and be documented to assure barrier free access and transparent eligibility requirements.

5. School Enrollment and Connection to Appropriate Services for All Children Policy

Educational and supportive service needs of families with minor children will be fully assessed with expediency upon entry to the program. School-aged youth will be enrolled in school immediately, working collaboratively with the designated school homeless liaison in the Local Educational Agency (LEA) to ensure that all educational assessments are completed. To the extent feasible, students in homeless situations should be kept in their school of origin (defined as the school the student attended when permanently housed or the school in which the student was last enrolled), unless it is against the parent's or guardian's wishes. Students in homeless situations must have access to the educational and other services they need to ensure that they have an opportunity to meet the same challenging state student academic achievement standards to which all students are held. Appropriate referrals will be made in the community to address supportive service needs of all family members.

6. Family Separation and Emergency Shelter and Transitional Housing- HUD issued

regulations that all ESG funded shelters and transitional housing programs are prohibited from denying access to families based on the age of child. Non-compliance may result in the removal of ESG funds. The CoC has expanded this policy to include any shelter or TH program participating in CES. Specific details include:

- a. IN GENERAL.—... any project sponsor receiving funds under this title to provide emergency shelter, transitional housing, or permanent housing to families with children under age 18 shall not deny admission to any family based on the age of any child under age 18. “
- b. EXCEPTION.—Notwithstanding the requirement under subsection (a), project sponsors of transitional housing receiving funds under this title may target transitional housing resources to families with children of a specific age only if the project sponsor— “(1) operates a transitional housing program that has a primary purpose of implementing an evidence-based practice that requires that housing units be targeted to families with children in a specific age group; and “(2) provides such assurances, as the Secretary shall require, that an equivalent appropriate alternative living arrangement for the whole family or household unit has been secured

Additional guidance is listed on the CoC website.